Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: AHM-09-99-R-1** 

**Subject:** American Financial Group

Location: Orange Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$29.64			\$3.65			\$33.29
2				\$35.70			\$35.70
3				\$317.35			\$317.35
4				\$170.00			\$170.00
5				\$39.62			\$39.62
6	\$31.09						\$31.09
7		\$10,370.00		\$1,037.00			\$11,407.00
8	\$98.10			\$94.65			\$192.75
9				\$39.16			\$39.16
10				\$229.34			\$229.34
11				\$173.83			\$173.83
12	\$154.28						\$154.28
13	\$20.00						\$20.00
14		\$3,040.00		\$304.00			\$3,344.00
15	\$50.11						\$50.11
16	\$21.90						\$21.90
17			\$43.00				\$43.00
18	\$35.92						\$35.92
19	\$502.77			\$35.25			\$538.02
20	\$105.24			\$380.18			\$485.42
21				\$52.18			\$52.18
Sub-totals:	\$1,049.05	\$13,410.00	\$43.00	\$2,911.91	\$0.00	\$0.00	\$17,413.96

Notices of Compensation Due Page 2 of 2

**Audit No: AHM-09-99-R-1** 

**Subject:** American Financial Group

Location: Orange Type: INS

Number	Temporary	Permanant	VRMA	Self-	Death	Penalty	Total
	Disability	Disability		imposed	Benefits	interest,	
				Increase		or other	
22	Φ10. <b>5</b> 00. <b>5</b> 0			φ1 01 <b>2 2</b> 6			ф11 c11 Пс
22	\$10,599.50			\$1,012.26			\$11,611.76
23	\$17.14						\$17.14
24	\$39.56			\$333.96		\$161.20	\$534.72
25				\$40.29			\$40.29
26				\$58.87			\$58.87
27				\$488.17			\$488.17
28				\$134.40			\$134.40
29	\$1,165.71			\$116.57			\$1,282.28
30				\$238.00			\$238.00
31		\$1,947.30				\$21.54	\$1,968.84
32				\$490.00			\$490.00
33				\$76.00			\$76.00
34	\$410.62			\$171.44			\$582.06
35				\$321.30			\$321.30
36				\$101.71			\$101.71
Sub-totals:	\$12,232.53	\$1,947.30	\$0.00	\$3,582.97	\$0.00	\$182.74	\$17,945.54

Totals:	\$13,281.68	\$15,357.30	\$43.00	\$6,494.88	\$0.00	\$182.74	\$35,359.60
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Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-09-99-R-1** 

**Subject:** American Financial Group

Location: Orange Type: INS

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	54	24	44.44%
2	LATE FIRST PAY OF PD	16	11	68.75%
3	LATE FIRST PAY OF VRMA	6	3	50.00%
4	LATE SUBSEQ INDEM. PAY	40	19	47.50%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	80	43	53.75%
7	LATE BEN. NOTICES (INDEM.,DELAY)	80	39	48.75%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	38	6	15.79%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	27	1	3.70%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	8	1	12.50%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	15	15	100.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	13	11	84.62%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	3	1	33.33%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	45	24	53.33%
16	FAIL TO ISSUE DENIAL NOTICE AS REQ.	28	4	14.29%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	69	36	52.17%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	1,269	11	0.87%
20	OTHER ASSESSMENTS	183	33	18.03%
21	UNSUPPORTED DENIALS	30	2	6.67%

Individual Exhibit 3

**Penalty Assessments and Collections** 

1999

Calendar Year:

No. of Files Audited:	193	<b>Audit No:</b>	AHM-09-99-R-1	Type: INS
Indemnity	90			
Medical Only	63	Subject:	<b>American Financ</b>	ial Group
Denied	30			
Complaints	1	<b>Location:</b>	Orange	
Additional Files	9			

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	28	\$3,800	\$3,800	\$0		X
2	13	\$6,300	\$6,300	\$0		X
3	4	\$950	\$950	\$0		X
4	63	\$7,970	\$7,970	\$0		X
5	0	\$0	\$0	\$0		X
6	75	\$7,500	\$7,500	\$0		X
7	57	\$4,175	\$4,175	\$0		X
8	14	\$1,175	\$1,175	\$0		X
9	1	\$60	\$60	\$0		X
10	1	\$100	\$100	\$0		X
11	0	\$0	\$0	\$0		X
12	15	\$6,620	\$6,620	\$0		X
13	12	\$5,580	\$5,580	\$0		X
14	1	\$500	\$500	\$0		X
15	24	\$9,920	\$9,920	\$0		X
16	4	\$1,800	\$1,800	\$0		X
17	0	\$0	\$0	\$0		X
18 a	18	\$4,400	\$4,400	\$0		X
18 b	2	\$1,900	\$1,900	\$0		X
18 c	1	\$120	\$120	\$0		X
18 d	46	\$3,970	\$3,970	\$0		X
18 e	1	\$1,000	\$1,000	\$0		X
18 f	0	\$0	\$0	\$0		X
19	11	\$950	\$950	\$0		X
20 a	26	\$650	\$650	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	1	\$400	\$400	\$0		X
20 d	18	\$1,600	\$1,600	\$0		X
21	2	\$7,500	\$7,500	\$0		X
Totals:	438	\$78,940	\$78,940	<b>\$0</b>		X

**Notices of Compensation Due** 

Audit No AHM-12-99-R-5

**Subject:** Calco Medical Management Corp.

Location: Orange Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	Φ440.11			Ф10.55			0.460.66
1	\$448.11		<b>\$402.02</b>	\$12.55			\$460.66
2			\$403.82				\$403.82
3	\$69.25			\$57.92			\$127.17
4	\$34.24			\$83.35			\$117.59
5	\$70.00			\$217.00			\$287.00
6	\$46.70						\$46.70
7		\$840.00		\$84.00			\$924.00
8				\$21.59			\$21.59
9				\$694.86			\$694.86
10		\$13,717.13					\$13,717.13
11	\$234.95			\$23.50			\$258.45
12	\$17.52			\$29.19			\$46.71
13	\$126.86						\$126.86
14				\$12.41			\$12.41
15				\$107.40			\$107.40
16		\$102.00					\$102.00
17		\$24.28		\$2.43			\$26.71
1,		Ψ2 11.20		Ψ2.13			Ψ20.71
Totals:	\$1,047.63	\$14,683.41	\$403.82	\$1,346.20	\$0.00	\$0.00	\$17,481.06

Calendar Year: 1999 Individual Exhibit 5
Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-12-99-R-5** 

**Subject:** Calco Medical Management Corp.

Location: Orange Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	87	21	24.14%
2	LATE FIRST PAY OF PD	34	14	41.18%
3	LATE FIRST PAY OF VRMA	10	3	30.00%
4	LATE SUBSEQ INDEM. PAY	60	20	33.33%
5	LATE PAY OF DEATH BENEFITS	1	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	145	60	41.38%
7	LATE BEN. NOTICES (INDEM.,DELAY)	144	40	27.78%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	57	10	17.54%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	44	7	15.91%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	21	1	4.76%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	20	5	25.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	25	12	48.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	11	2	18.18%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	82	33	40.24%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	63	1	1.59%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	100	16	16.00%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	6,252	17	0.27%
20	OTHER ASSESSMENTS	243	35	14.40%
21	UNSUPPORTED DENIALS	49	0	0.00%

# **Penalty Assessments and Collections**

No. of Files Audited:	243	Audit No: AHM-12-99-R-5 Type: TPA
Indemnity	128	
<b>Medical Only</b>	66	Subject: Calco Medical Management
Denied	49	Corporation
Complaints	9	
Additional Files	0	Location: Orange

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	22	\$2,300	\$2,300	\$0		X
2	14	\$5,110	\$5,110	\$0		X
3	3	\$200	\$200	\$0		X
4	46	\$5,755	\$5,755	\$0		X
5	0	\$0	\$0	\$0		X
6	102	\$10,200	\$10,200	\$0		X
7	66	\$3,740	\$3,740	\$0		X
8	37	\$2,575	\$2,575	\$0		X
9	13	\$1,025	\$1,025	\$0		X
10	2	\$100	\$100	\$0		X
11	0	\$0	\$0	\$0		X
12	5	\$1,700	\$1,700	\$0		X
13	14	\$4,660	\$4,660	\$0		X
14	2	\$800	\$800	\$0		X
15	36	\$16,200	\$16,200	\$0		X
16	1	\$400	\$400	\$0		X
17	0	\$0	\$0	\$0		X
18 a	9	\$1,200	\$1,200	\$0		X
18 b	3	\$1,600	\$1,600	\$0		X
18 c	2	\$400	\$400	\$0		X
18 d	10	\$800	\$800	\$0		X
18 e	2	\$200	\$200	\$0		X
18 f	0	\$0	\$0	\$0		X
19	18	\$1,440	\$1,440	\$0		X
20 a	26	\$1,125	\$1,125	\$0		X
20 b	1	\$250	\$250	\$0		X
20 c	3	\$3,500	\$3,500	\$0		X
20 d	13	\$1,250	\$1,250	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	450	\$66,530	\$66,530	\$0		X

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: SFO-03-99-R-5** 

**Subject:** Calco Medical Management Corporation

Location: San Mateo Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	Φ <i>C</i> 0. <b>5</b> 2						Φ <i>C</i> 0. <b>52</b>
1	\$60.53			<b>\$0.4.00</b>			\$60.53
2				\$84.00			\$84.00
3				\$98.00			\$98.00
4	\$598.29			\$111.33		\$56.10	\$765.72
5				\$21.00			\$21.00
6	\$56.14			\$5.61			\$61.75
7	\$102.16			\$15.32			\$117.48
8				\$53.80			\$53.80
9	\$252.04						\$252.04
10				\$34.66			\$34.66
11	\$269.23						\$269.23
12				\$126.00			\$126.00
13	\$243.59			\$78.36			\$321.95
14	\$140.00						\$140.00
15				\$70.00			\$70.00
16				\$28.00			\$28.00
17				\$48.72			\$48.72
18	\$69.79			\$24.40			\$94.19
19		\$280.00					\$280.00
20				\$10.34			\$10.34
21				\$112.00			\$112.00
Sub-totals:	\$1,791.77	\$280.00	\$0.00	\$921.54	\$0.00	\$56.10	\$3,049.41

Notices of Compensation Due Page 2 of 2

Audit No SFO-03-99-R-5

**Subject:** Calco Medical Management Corportion

Location: San Mateo Type: TPA

Number	Temporary	Permanant	VRMA	Self-	Death	Penalty	Total
	Disability	Disability		imposed	Benefits	interest,	
				Increase		or other	
22		\$350.00		\$185.85			\$535.85
23	\$561.20	700000		4 - 3 - 3 - 3			\$561.20
24		\$1,534.17		\$153.42			\$1,687.59
25				\$90.28			\$90.28
Sub-totals:	\$561.20	\$1,884.17	\$0.00	\$429.55	\$0.00	\$0.00	\$2,874.92

Totals:   \$2,352.97   \$2,164.17   \$0.00   \$1,351.09   \$0.00   \$56.10   \$5,92
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Calendar Year: 1999 Individual Exhibit 5
Frequency of Assessments in Randomly Selected Audited Files

**Audit No: SFO-03-99-R-5** 

**Subject:** Calco Medical Management Corporation

Location: San Mateo Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	89	25	28.09%
2	LATE FIRST PAY OF PD	33	9	27.27%
3	LATE FIRST PAY OF VRMA	10	1	10.00%
4	LATE SUBSEQ INDEM. PAY	66	21	31.82%
5	LATE PAY OF DEATH BENEFITS	3	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	132	51	38.64%
7	LATE BEN. NOTICES (INDEM.,DELAY)	130	38	29.23%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	58	6	10.34%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	36	1	2.78%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	11	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	1	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	24	7	29.17%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	20	6	30.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	6	1	16.67%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	76	16	21.05%
16	FAIL TO ISSUE DENIAL NOTICE AS REQ.	52	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	95	25	26.32%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	4,808	2	0.04%
20	OTHER ASSESSMENTS	242	33	13.64%
21	UNSUPPORTED DENIALS	52	0	0.00%

**Penalty Assessments and Collections** 

No. of Files Audited:	249	<b>Audit No:</b>	SFO-03-99-R-5	Type: TPA		
Indemnity	124					
Medical Only	66	Subject:	Calco Medical Management			
Denied	52		Corporation			
Complaints	2					
<b>Additional Files</b>	5	<b>Location:</b>	San Mateo			

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	28	\$2,865	\$2,865	\$0		X
2	9	\$1,235	\$1,235	\$0		X
3	1	\$20	\$20	\$0		X
4	39	\$3,985	\$3,985	\$0		X
5	0	\$0	\$0	\$0		X
6	85	\$8,500	\$8,500	\$0		X
7	49	\$2,870	\$2,870	\$0		X
8	9	\$575	\$575	\$0		X
9	2	\$120	\$120	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	8	\$3,100	\$3,100	\$0		X
13	6	\$1,100	\$1,100	\$0		X
14	1	\$500	\$500	\$0		X
15	18	\$5,500	\$5,500	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	13	\$2,160	\$2,160	\$0		X
18 b	3	\$960	\$960	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	22	\$1,680	\$1,680	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	4	\$320	\$320	\$0		X
20 a	25	\$625	\$625	\$0		X
20 b	1	\$500	\$500	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	20	\$11,800	\$11,800	\$0		X
21	0	\$0	\$0	\$0		X
<b>Totals:</b>	343	\$48,415	\$48,415	\$0		X

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: VNO-09-99-R-1** 

**Subject:** California Indemnity Insurance Company

Location: Las Vagas, Nevada Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
	<b>**</b> *** ***			404.4			<b>**</b> *** ***
1	\$2,029.74			\$81.15			\$2,110.89
2				\$50.67			\$50.67
3				\$73.33			\$73.33
4	\$1,244.01			\$107.19			\$1,351.20
5				\$72.00			\$72.00
6	\$122.50			\$40.25			\$162.75
7	\$1,680.00						\$1,680.00
8				\$60.00			\$60.00
9	\$76.17	\$289.30		\$89.88			\$455.35
10				\$39.60			\$39.60
11						\$76.71	\$76.71
12				\$20.95			\$20.95
13				\$69.14			\$69.14
14	\$4,662.92	\$7,542.86		\$1,204.37			\$13,410.15
15	\$243.75			\$18.29			\$262.04
16	\$51.43						\$51.43
17				\$37.33			\$37.33
18	\$814.81			\$83.51			\$898.32
19	\$482.41			\$57.19			\$539.60
20				\$71.36			\$71.36
21				\$115.20			\$115.20
Sub-totals:	\$11,407.74	\$7,832.16	\$0.00	\$2,291.41	\$0.00	\$76.71	\$21,608.02

Notices of Compensation Due Page 2 of 2

**Audit No: VNO-09-99-R-1** 

**Subject:** California Indemnity Insurance Company

Location: Las Vagas, Nevada Type: INS

Item	Temporary	Permanant	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	interest,	
				Increase		or other	
22	\$4,848.76			\$396.08			\$5,244.84
23			\$4,446.14				\$4,446.14
24	\$117.89						\$117.89
25						\$226.92	\$226.92
26				\$127.90			\$127.90
27	\$71.84			\$76.51			\$148.35
28				\$40.00			\$40.00
29	\$563.65			\$252.37			\$816.02
30	\$1,501.52			\$106.85			\$1,608.37
31				\$153.84			\$153.84
32	\$383.92			\$73.03			\$456.95
33	\$1,142.53			\$114.25			\$1,256.78
34				\$32.85			\$32.85
35				\$10.03			\$10.03
36	\$297.89			\$74.47		\$208.37	\$580.73
37				\$179.58			\$179.58
Sub-totals:	\$8,928.00	\$0.00	\$4,446.14	\$1,637.76	\$0.00	\$435.29	\$15,447.19

Totals: \$20,335.74 \$7,832.16 \$4,446.14 \$3,	29.17 \$0.00 \$512.00 \$37,055.21
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# Calendar Year 1999 Individual Exhibit 5 Frequency of Assessments in Randomly Selected Audited Files

**Audit No: VNO-09-99-R-1** 

**Subject:** California Indemnity Insurance Company

Location: Las Vegas, Nevada Type: INS

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	90	44	48.89%
2	LATE FIRST PAY OF PD	24	7	29.17%
3	LATE FIRST PAY OF VRMA	14	2	14.29%
4	LATE SUBSEQ INDEM. PAY	64	37	57.81%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	124	51	41.13%
7	LATE BEN. NOTICES (INDEM.,DELAY)	121	34	28.10%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	75	27	36.00%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	36	13	36.11%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	26	5	19.23%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	40	26	65.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	22	11	50.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	11	2	18.18%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	76	17	22.37%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	47	2	4.26%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	2	N.A.
18	UNPAID INDEMNITY	103	35	33.98%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	1,825	6	0.33%
20	OTHER ASSESSMENTS	226	57	25.22%
21	UNSUPPORTED DENIALS	47	0	0.00%

# **Penalty Assessments and Collections**

No. of Files Audited:	232
Indemnity	122
Medical Only	61
Denied	47
Complaints	2
Additional Files	0

Audit No: VNO-09-99-R-1 Type: INS

**Subject:** California Indemnity Insurance Co.

**Location:** Las Vegas, Nevada

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	51	\$5,170	\$5,170	\$0		X
2	7	\$2,385	\$2,385	\$0		X
3	2	\$875	\$875	\$0		X
4	97	\$9,840	\$9,840	\$0		X
5	0	\$0	\$0	\$0		X
6	101	\$10,020	\$10,020	\$0		X
7	59	\$2,770	\$2,770	\$0		X
8	205	\$16,230	\$16,230	\$0		X
9	27	\$2,230	\$2,230	\$0		X
10	13	\$1,025	\$1,025	\$0		X
11	0	\$0	\$0	\$0		X
12	26	\$11,020	\$11,020	\$0		X
13	12	\$4,880	\$4,880	\$0		X
14	2	\$200	\$200	\$0		X
15	18	\$7,300	\$7,300	\$0		X
16	2	\$400	\$400	\$0		X
17	2	\$160	\$160	\$0		X
18 a	24	\$11,600	\$11,600	\$0		X
18 b	2	\$1,240	\$1,240	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	34	\$2,900	\$2,900	\$0		X
18 e	1	\$5,000	\$5,000	\$0		X
18 f	2	\$1,600	\$1,600	\$0		X
19	6	\$360	\$360	\$0		X
20 a	64	\$1,920	\$1,920	\$0		X
20 b	3	\$2,200	\$2,200	\$0		X
20 c	7	\$7,520	\$7,520	\$0		X
20 d	53	\$9,660	\$9,660	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	820	\$118,505	\$118,505	\$0		X

**Notices of Compensation Due** 

**Audit No: OAK-05-99-R-1** 

**Subject:** CGU Insurance (Formerly General Accident Ins.)

Location: Walnut Creek, CA Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$204.00			\$204.00
2				\$156.74			\$156.74
3				\$18.00			\$18.00
4	\$26.44			\$96.20			\$122.64
5				\$208.00			\$208.00
6	\$99.03						\$99.03
Totals:	\$125.47	\$0.00	\$0.00	\$682.94	\$0.00	\$0.00	\$808.41

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: OAK-05-99-R-1** 

**Subject:** CGU Insurance (Formerly General Accident Ins.)

Location: Walnut Creek, CA Type: INS

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	35	11	31.43%
2	LATE FIRST PAY OF PD	10	2	20.00%
3	LATE FIRST PAY OF VRMA	3	0	0.00%
4	LATE SUBSEQ INDEM. PAY	25	4	16.00%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	42	7	16.67%
7	LATE BEN. NOTICES (INDEM.,DELAY)	42	3	7.14%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	33	1	3.03%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	9	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	3	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	7	4	57.14%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	5	2	40.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	2	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	38	10	26.32%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	39	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	41	5	12.20%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	1,960	2	0.10%
20	OTHER ASSESSMENTS	155	1	0.65%
21	UNSUPPORTED DENIALS	39	0	0.00%

# **Penalty Assessments and Collections**

No. of Files Audited:	159	Audit No: OAK-05-99-R-1 Type: INS
Indemnity	53	
<b>Medical Only</b>	64	Subject: CGU Insurance
Denied	39	(Formerly General Accident Ins.)
Complaints	3	
<b>Additional Files</b>	0	Location: Walnut Creek

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	11	\$1,200	\$1,200	\$0		X
2	4	\$1,700	\$1,700	\$0		X
3	0	\$0	\$0	\$0		X
4	12	\$915	\$915	\$0		X
5	0	\$0	\$0	\$0		X
6	13	\$1,300	\$1,300	\$0		X
7	6	0*	\$0	\$0		X
8	5	\$165	\$165	\$0		X
9	0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	6	\$1,960	\$1,960	\$0		X
13	4	\$1,100	\$1,100	\$0		X
14	0	\$0	\$0	\$0		X
15	10	\$3,600	\$3,600	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	2	\$300	\$300	\$0		X
18 b	0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	9	\$750	\$750	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	2	\$75	\$75	\$0		X
20 a	1	\$15	\$15	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	1	\$600	\$600	\$0		X
20 d	1	\$60	\$60	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	87	\$13,740	\$13,740	\$0		X

<sup>\*</sup> Penalties were reduced to \$0 each based on low frequency (10% or less of randomly selected files with exposure for violations had assessments).

**Notices of Compensation Due** 

**Audit No: VNO-07-99-R-6** 

**Subject: City of Ontario** 

Location: Ontario Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$139.20						\$139.20
2				\$178.00			\$178.00
3				\$327.43			\$327.43
4	\$135.19			\$11.53			\$146.72
5				\$110.00			\$110.00
6				\$32.51			\$32.51
Totals:	\$274.39	\$0.00	\$0.00	\$659.47	\$0.00	\$0.00	\$933.86

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: VNO-07-99-R-6** 

**Subject:** City of Ontario

Location: Ontario Type: SI

ITEM	VIOLATIONS RELATED TO:	# OF AUDITED	# OF AUDITED	% OF FILES
NO.		FILES WITH	FILES WITH	WITH
		EXPOSURE	ASSESSMENTS	ASSESSMENTS
		FOR		
		ASSESSMENTS		
1	LATE FIRST PAY OF TD	18	2	11.11%
2	LATE FIRST PAY OF PD	8	3	37.50%
3	LATE FIRST PAY OF VRMA	0	0	0.00%
4	LATE SUBSEQ INDEM. PAY	16	3	18.75%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	46	6	13.04%
7	LATE BEN. NOTICES (INDEM.,DELAY)	46	7	15.22%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	15	0	0.00%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	15	1	6.67%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	3	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	7	3	42.86%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	1	0	0.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	0	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	33	4	12.12%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	23	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	41	6	14.63%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	470	0	0.00%
20	OTHER ASSESSMENTS	119	8	6.72%
21	UNSUPPORTED DENIALS	24	0	0.00%

# **Penalty Assessments and Collections**

No. of Files Audited:	119	Audit No: VNO-07-99-R-6	Type: SI
Indemnity	40		
Medical Only	55	Subject: City of Ontario	
Denied	24		
Complaints	0	Location: Ontario	
<b>Additional Files</b>	0		

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	2	\$50	\$50	\$0		X
2	3	\$900	\$900	\$0		X
3	0	\$0	\$0	\$0		X
4	4	\$250	\$250	\$0		X
5	0	\$0	\$0	\$0		X
6	8	\$600	\$600	\$0		X
7	9	\$320	\$320	\$0		X
8	0	\$0	\$0	\$0		X
9	1	\$80	\$80	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	3	\$360	\$360	\$0		X
13	0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0		X
15	4	\$1,400	\$1,400	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	2	\$200	\$200	\$0		X
18 b	0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	5	\$450	\$450	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0		X
20 a	8	\$200	\$200	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	2	\$50	\$50	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	51	\$4,860	\$4,860	\$0		X

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: VNO-10-99-R-1** 

**Subject:** CNA Commercial Insurance

Location: Glendale Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	Ф22.04						Φ22.04
1	\$22.84						\$22.84
2	\$246.42			\$23.04			\$269.46
3	\$1,253.60			\$42.67			\$1,296.27
4				\$34.68			\$34.68
5	\$11.24						\$11.24
6		\$1,246.00		\$124.60			\$1,370.60
7		\$167.14		\$669.71			\$836.85
8				\$34.20			\$34.20
9	\$116.72						\$116.72
10	\$188.49			\$133.46			\$321.95
11				\$420.00			\$420.00
12		\$222.86					\$222.86
13	\$44.11						\$44.11
14	\$216.00			\$14.40			\$230.40
15				\$42.93			\$42.93
16	\$3,440.47			\$591.19			\$4,031.66
17				\$666.67			\$666.67
18		\$589.37		\$84.13			\$673.50
19						\$14.17	\$14.17
20				\$30.00			\$30.00
21	\$103.15			\$10.31			\$113.46
<b>Sub-totals:</b>	\$5,643.04	\$2,225.37	\$0.00	\$2,921.99	\$0.00	\$14.17	\$10,804.57

Notices of Compensation Due Page 2 of 2

**Audit No: VNO-10-99-R-1** 

**Subject:** CNA Commercial Insurance

Location: Glendale Type: INS

Number	Temporary	Permanant	VRMA	Self-	Death	Penalty	Total
	Disability	Disability		imposed	Benefits	interest,	
				Increase		or other	
22				\$932.00			\$932.00
23				\$49.00			\$49.00
24	\$9,697.17			\$848.50			\$10,545.67
25	\$140.00			\$1,774.74			\$1,914.74
26				\$98.00			\$98.00
27	\$34.94						\$34.94
	φο οπο 11	<b>do</b> 00	40.00	<b>42 T02</b> 2 1	40.00	40.00	ф42 <b>==</b> 4 2 =
<b>Sub-totals:</b>	\$9,872.11	\$0.00	\$0.00	\$3,702.24	\$0.00	\$0.00	\$13,574.35

Totals:	\$15,515.15	\$2,225.37	\$0.00	\$6,624.23	\$0.00	\$14.17	\$24,378.92
i otais:	\$15,515.15	\$4,445.5 <i>1</i>	<b>Φυ.υυ</b>	\$0,024.23	<b>Φυ.υυ</b>	Φ1 <b>4.</b> 1 /	\$44,370.94

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: VNO-10-99-R-1** 

**Subject:** CNA Commercial Insurance

Location: Glendale Type: INS

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	98	25	25.51%
2	LATE FIRST PAY OF PD	26	6	23.08%
3	LATE FIRST PAY OF VRMA	12	2	16.67%
4	LATE SUBSEQ INDEM. PAY	62	23	37.10%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	125	68	54.40%
7	LATE BEN. NOTICES (INDEM.,DELAY)	120	33	27.50%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	61	20	32.79%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	36	7	19.44%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	16	2	12.50%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	28	24	85.71%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	21	13	61.90%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	5	3	60.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	92	34	36.96%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	58	4	6.90%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	115	26	22.61%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	4,899	15	0.31%
20	OTHER ASSESSMENTS	253	59	23.32%
21	UNSUPPORTED DENIALS	58	1	1.72%

# **Penalty Assessments and Collections**

No. of Files Audited:	276	Audit No: VNO-10-99-R-1 Type: INS
Indemnity	133	
<b>Medical Only</b>	62	Subject: CNA Commercial Insurance
Denied	58	
Complaints	9	Location: Glendale
<b>Additional Files</b>	14	

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	30	\$3,470	\$0	\$3,470	X	
2	7	\$2,050	\$0	\$2,050	X	
3	4	\$1,000	\$0	\$1,000	X	
4	92	\$6,275	\$0	\$6,275	X	
5	0	\$0	\$0	\$0	X	
6	152	\$15,200	\$0	\$15,200	X	
7	47	\$2,380	\$0	\$2,380	X	
8	119	\$9,270	\$0	\$9,270	X	
9	18	\$1,400	\$0	\$1,400	X	
10	3	\$250	\$0	\$250	X	
11	1	\$200	\$0	\$200	X	
12	26	\$12,540	\$0	\$12,540	X	
13	17	\$7,460	\$0	\$7,460	X	
14	3	\$1,340	\$0	\$1,340	X	
15	35	\$16,760	\$0	\$16,760	X	
16	4	\$960	\$0	\$960	X	
17	0	\$0	\$0	\$0	X	
18 a	16	\$6,920	\$0	\$6,920	X	
18 b	5	\$2,860	\$0	\$2,860	X	
18 c	0	\$0	\$0	\$0	X	
18 d	37	\$3,150	\$0	\$3,150	X	
18 e	1	\$120	\$0	\$120	X	
18 f	0	\$0	\$0	\$0	X	
19	23	\$880	\$0	\$880	X	
20 a	72	\$2,160	\$0	\$2,160	X	
20 b	1	\$600	\$0	\$600	X	
20 c	6	\$5,400	\$0	\$5,400	X	
20 d	104	\$10,800	\$0	\$10,800	X	
21	1	\$2,000	\$0	\$2,000	X	
Totals:	824	\$115,445	\$0	\$115,445	X	

**Notices of Compensation Due** 

**Audit No: AHM-04-99-R-5** 

**Subject:** FIRM Solutions

Location: Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1		\$6,400.00		\$640.00			\$7,040.00
2				\$660.40			\$660.40
3			\$419.50				\$419.50
4				\$490.00			\$490.00
5				\$1,025.28			\$1,025.28
6				\$915.72			\$915.72
7	\$2,380.00			\$238.00			\$2,618.00
Totals:	\$2,380.00	\$6,400.00	\$419.50	\$3,969.40	\$0.00	\$0.00	\$13,168.90

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-04-99-R-5** 

**Subject:** FIRM Solutions

Location: Irvine Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
		AUSESSIVIEI (15		
1	LATE FIRST PAY OF TD	10	3	30.00%
2	LATE FIRST PAY OF PD	6	0	0.00%
3	LATE FIRST PAY OF VRMA	4	1	25.00%
4	LATE SUBSEQ INDEM. PAY	7	3	42.86%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	49	9	18.37%
7	LATE BEN. NOTICES (INDEM.,DELAY)	49	28	57.14%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	92	29	31.52%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	51	9	17.65%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	2	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	13	11	84.62%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	7	6	85.71%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	5	1	20.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	17	4	23.53%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	65	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	38	6	15.79%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	12,228	2	0.02%
20	OTHER ASSESSMENTS	189	14	7.41%
21	UNSUPPORTED DENIALS	64	0	0.00%

# **Penalty Assessments and Collections**

No. of Files Audited:	201	Au
Indemnity	59	
<b>Medical Only</b>	66	Sul
Denied	64	
Complaints	11	Loc
Additional Files	1	

Audit No: AHM-04-99-R-5 Type: TPA

**Subject: FIRM Solutions** 

**Location: Irvine** 

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	8	\$2,030	\$2,030	\$0		X
2	3	\$360	\$360	\$0		X
3	1	\$800	\$800	\$0		X
4	25	\$3,830	\$3,830	\$0		X
5	0	\$0	\$0	\$0		X
6	28	\$2,240	\$2,240	\$0		X
7	52	\$4,025	\$4,025	\$0		X
8	122	\$10,690	\$10,690	\$0		X
9	16	\$1,200	\$1,200	\$0		X
10	0	\$0	\$0	\$0		X
11	2	\$800	\$800	\$0		X
12	13	\$5,660	\$5,660	\$0		X
13	11	\$4,520	\$4,520	\$0		X
14	1	\$400	\$400	\$0		X
15	4	\$2,000	\$2,000	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	1	\$1,000	\$1,000	\$0		X
18 b	1	\$1,000	\$1,000	\$0		X
18 c	1	\$200	\$200	\$0		X
18 d	15	\$1,250	\$1,250	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	2	\$100	\$100	\$0		X
20 a	10	\$250	\$250	\$0		X
20 b	2	\$1,500	\$1,500	\$0		X
20 c	2	\$2,000	\$2,000	\$0		X
20 d	7	\$550	\$550	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	327	\$46,405	\$46,405	\$0		X

**Notices of Compensation Due** 

**Audit No: VNO-02-99-R-6** 

**Subject:** Fontana Unified School District

Location: Fontana Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$301.43						\$301.43
2	\$18.00						\$18.00
3	\$350.00						\$350.00
4				\$56.00			\$56.00
5	\$243.75						\$243.75
6	\$214.67						\$214.67
7	\$131.22			\$13.12			\$144.34
8	\$1,191.57	\$308.00		\$30.80			\$1,530.37
9				\$40.00			\$40.00
10				\$541.00		\$109.14	\$650.14
11				\$70.00			\$70.00
12	\$59.43			·			\$59.43
12	φονιο						ψ57115
Totals:	\$2,510.07	\$308.00	\$0.00	\$750.92	\$0.00	\$109.14	\$3,678.13

Frequency of Assessments in Randomly Selected Audited Files

Audit No: VNO-02-99-R-6

**Subject:** Fontana Unified School District

Location: Fontana Type: SI

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	8	2	25.00%
2	LATE FIRST PAY OF PD	10	1	10.00%
3	LATE FIRST PAY OF VRMA	1	0	0.00%
4	LATE SUBSEQ INDEM. PAY	14	5	35.71%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	51	36	70.59%
7	LATE BEN. NOTICES (INDEM.,DELAY)	51	17	33.33%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	39	4	10.26%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	27	5	18.52%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	4	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	9	9	100.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	3	2	66.67%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	1	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	25	9	36.00%
16	FAIL TO ISSUE DENIAL NOTICE AS REQ.	18	1	5.56%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A	0	N.A.
18	UNPAID INDEMNITY	45	12	26.67%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	464	1	0.22%
20	OTHER ASSESSMENTS	133	25	18.80%
21	UNSUPPORTED DENIALS	20	0	0.00%

# **Penalty Assessments and Collections**

No. of Files Audited:	133	Audit No: VNO-02-99-R-6 Type: SI
Indemnity	57	
<b>Medical Only</b>	56	Subject: Fontana Unified School District
Denied	20	
Complaints	0	Location: Fontana
Additional Files	0	

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	2	\$650	\$650	\$0		X
2	1	\$80	\$80	\$0		X
3	0	\$0	\$0	\$0		X
4	8	\$1,090	\$1,090	\$0		X
5	0	\$0	\$0	\$0		X
6	66	\$6,600	\$6,600	\$0		X
7	25	\$1,650	\$1,650	\$0		X
8	6	\$450	\$450	\$0		X
9	12	\$800	\$800	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	9	\$3,720	\$3,720	\$0		X
13	2	\$620	\$620	\$0		X
14	0	\$0	\$0	\$0		X
15	9	\$4,100	\$4,100	\$0		X
16	1	\$200	\$200	\$0		X
17	1	\$100	\$100	\$0		X
18 a	9	\$2,700	\$2,700	\$0		X
18 b	1	\$240	\$240	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	8	\$760	\$760	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	2	\$360	\$360	\$0		X
19	1	\$80	\$80	\$0		X
20 a	27	\$675	\$675	\$0		X
20 b	1	\$500	\$500	\$0		X
20 c	2	\$1,800	\$1,800	\$0		X
20 d	8	\$450	\$450	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	201	\$27,625	\$27,625	\$0		X

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

Audit No: SAC-01-99-NR-5

**Subject:** Gallagher Bassett Services

Location: Sacramento Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$74.06			\$74.06
2		¢112.50		Φ/4.00		¢£ 10	
	Φ2.6.67	\$113.52				\$5.10	\$118.62
3	\$26.67						\$26.67
4				\$11.43			\$11.43
5	\$26.04						\$26.04
6				\$210.00			\$210.00
7				\$339.72			\$339.72
8						\$17.81	\$17.81
9				\$196.43			\$196.43
10		\$14,790.00		\$1,479.00			\$16,269.00
11	\$36.00			\$160.20			\$196.20
12				\$170.00			\$170.00
13	\$94.20						\$94.20
14	\$130.05			\$8.93			\$138.98
15	\$346.77						\$346.77
16	\$38.34			\$3.83			\$42.17
17	\$575.74						\$575.74
18				\$370.00			\$370.00
19	\$12.86						\$12.86
20	\$57.90			\$5.79		\$129.72	\$193.41
21	\$596.38			\$39.56			\$635.94
<b>Sub-totals:</b>	\$1,940.95	\$14,903.52	\$0.00	\$3,068.95	\$0.00	\$152.63	\$20,066.05

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

Audit No: SAC-01-99-NR-5

**Subject:** Gallagher Bassett Services

Location: Sacramento Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
				Increase		or Other	
22		\$483.24				\$17.21	\$500.45
23			\$826.56				\$826.56
24				\$97.06			\$97.06
25	\$41.93						\$41.93
26		\$4,027.14		\$475.93			\$4,503.07
Sub-totals:	\$41.93	\$4,510.38	\$826.56	\$572.99	\$0.00	\$17.21	\$5,969.07

Totals:	\$1,982.88	\$19,413.90	\$826.56	\$3,641.94	\$0.00	\$169.84	\$26,035.12
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Frequency of Assessments in Randomly Selected Audited Files

Audit No: SAC-01-99-NR-5

**Subject:** Gallagher Bassett Services

Location: Sacramento Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	78	25	32.05%
2	LATE FIRST PAY OF PD	21	4	19.05%
3	LATE FIRST PAY OF VRMA	6	1	16.67%
4	LATE SUBSEQ INDEM. PAY	54	16	29.63%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	110	31	28.18%
7	LATE BEN. NOTICES (INDEM.,DELAY)	110	33	30.00%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	64	1	1.56%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	31	2	6.45%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	8	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	20	17	85.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	13	10	76.92%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	3	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	58	10	17.24%
16	FAIL TO ISSUE DENIAL NOTICE AS REQ.	59	1	1.69%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	87	24	27.59%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	7,333	4	0.05%
20	OTHER ASSESSMENTS	261	22	8.43%
21	UNSUPPORTED DENIALS	66	1	1.52%

# **Penalty Assessments and Collections**

No. of Files Audited:	277	Audit No: SAC-01-99-NR-5 Type: TPA
Indemnity	131	
<b>Medical Only</b>	66	<b>Subject:</b> Gallagher Bassett Services
Denied	61	
Complaints	16	Location: Sacramento
Additional Files	3	

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due Yes		No
	Cited	Assessed	Collected			
1	27	\$5,125	\$5,125	\$0		Х
2	9	\$2,075	\$2,075	\$0		X
3	1	\$100	\$100	\$0		X
4	43	\$5,220	\$5,220	\$0		X
5	0	\$0	\$0	\$0		X
6	50	\$4,980	\$4,980	\$0		X
7	58	\$2,880	\$2,880	\$0		X
8	30	\$1,740	\$1,740	\$0		X
9	4	\$240	\$240	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	20	\$8,460	\$8,460	\$0		X
13	12	\$4,440	\$4,440	\$0		X
14	2	\$480	\$480	\$0		X
15	10	\$4,400	\$4,400	\$0		X
16	1	\$500	\$500	\$0		X
17	0	\$0	\$0	\$0		X
18 a	14	\$2,640	\$2,640	\$0		X
18 b	2	\$1,750	\$1,750	\$0		X
18 c	1	\$900	\$900	\$0		X
18 d	12	\$1,070	\$1,070	\$0		X
18 e	2	\$480	\$480	\$0		X
18 f	2	\$540	\$540	\$0		X
19	4	\$320	\$320	\$0		X
20 a	33	\$1,300	\$1,300	\$0		X
20 b	2	\$750	\$750	\$0		X
20 c	2	\$700	\$700	\$0		X
20 d	13	\$2,450	\$2,450	\$0		X
21	1	\$2,500	\$2,500	\$0		X
Totals:	355	\$56,040	\$56,040	\$0		X

**Notices of Compensation Due** 

**Audit No: AHM-07-99-R-1** 

**Subject:** Gulf Insurance Group

Location: Irving, TX Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	ф10 <i>c</i> 22			ф1 <b>2</b> 0.10			<b>621442</b>
1	\$186.33			\$128.10			\$314.43
2	\$47.61						\$47.61
3	\$2,509.58			\$761.94			\$3,271.52
4	\$70.00						\$70.00
5	\$901.14			\$156.51			\$1,057.65
6	\$487.00						\$487.00
7	\$60.93						\$60.93
8	\$3,876.86						\$3,876.86
9		\$1,592.84		\$171.42			\$1,764.26
10	\$28.00			\$45.55			\$73.55
11	\$70.00						\$70.00
12	\$61.97						\$61.97
Totals:	\$8,299.42	\$1,592.84	\$0.00	\$1,263.52	\$0.00	\$0.00	\$11,155.78

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-07-99-R-1** 

**Subject:** Gulf Insurance Group

Location: Irving, TX Type: INS

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	35	18	51.43%
2	LATE FIRST PAY OF PD	11	5	45.45%
3	LATE FIRST PAY OF VRMA	2	0	0.00%
4	LATE SUBSEQ INDEM. PAY	23	7	30.43%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	55	33	60.00%
7	LATE BEN. NOTICES (INDEM.,DELAY)	52	11	21.15%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	23	1	4.35%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	10	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	1	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	12	12	100.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	5	5	100.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	1	1	100.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	27	14	51.85%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	15	1	6.67%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	43	12	27.91%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	433	3	0.69%
20	OTHER ASSESSMENTS	126	17	13.49%
21	UNSUPPORTED DENIALS	15	1	6.67%

No. of Files Audited:	128	Audit No: AHM-07-99-R-1 Type: INS
Indemnity	57	
<b>Medical Only</b>	56	Subject: Gulf Insurance Group
Denied	14	
Complaints	0	Location: Irving, TX
<b>Additional Files</b>	1	

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	18	\$1,235	\$1,235	\$0		Х
2	6	\$2,250	\$2,250	\$0		X
3	0	\$0	\$0	\$0		X
4	12	\$2,860	\$2,860	\$0		X
5	0	\$0	\$0	\$0		X
6	56	\$5,600	\$5,600	\$0		X
7	11	\$745	\$745	\$0		X
8	1	\$40	\$40	\$0		X
9	0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	12	\$5,680	\$5,680	\$0		X
13	5	\$2,200	\$2,200	\$0		X
14	1	\$360	\$360	\$0		X
15	14	\$6,740	\$6,740	\$0		X
16	1	\$400	\$400	\$0		X
17	0	\$0	\$0	\$0		X
18 a	11	\$3,800	\$3,800	\$0		X
18 b	1	\$480	\$480	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	4	\$310	\$310	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	3	\$240	\$240	\$0		X
20 a	6	\$450	\$450	\$0		X
20 b	1	\$1,000	\$1,000	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	11	\$1,100	\$1,100	\$0		X
21	1	\$3,500	\$3,500	\$0		X
Totals:	175	\$38,990	\$38,990	\$0		X

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 3

**Audit No: AHM-05-99-NR-5** 

**Subject:** Integrated HealthCARE Delivery Services (K-Mart)

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
				*			4
1	\$972.73			\$645.50			\$1,618.23
2	\$79.22			\$25.38			\$104.60
3		\$634.33		\$63.43			\$697.76
4	\$21.25						\$21.25
5	\$36.00						\$36.00
6	\$132.80						\$132.80
7	\$36.00						\$36.00
8				\$35.68			\$35.68
9		\$95.00		\$419.29			\$514.29
10				\$170.51			\$170.51
11				\$105.00			\$105.00
12				\$503.59			\$503.59
13		\$5,490.00		\$549.00			\$6,039.00
14	\$34.00						\$34.00
15	\$30.42						\$30.42
16	\$18.00						\$18.00
17				\$106.20			\$106.20
18	\$366.54	\$9,782.00		\$1,093.94			\$11,242.48
19	\$90.00						\$90.00
20	\$1,929.07			\$113.39			\$2,042.46
21	\$308.26						\$308.26
Sub-totals:	\$4,054.29	\$16,001.33	\$0.00	\$3,830.91	\$0.00	\$0.00	\$23,886.53

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 2 of 3

**Audit No: AHM-05-99-NR-5** 

**Subject:** Integrated HealthCARE Delivery Services (K-Mart)

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
22	\$4,069.65	\$1,319.13		\$496.49			\$5,885.27
23				\$165.86			\$165.86
24				\$195.31		\$84.77	\$280.08
25				\$40.00			\$40.00
26				\$28.80			\$28.80
27	\$9,424.00			\$942.40			\$10,366.40
28	\$151.74			\$15.17			\$166.91
29		\$1,634.29		\$287.43			\$1,921.72
30				\$218.19			\$218.19
31				\$109.10			\$109.10
32	\$333.34			\$9.52			\$342.86
33	\$18.00						\$18.00
34	\$19.00						\$19.00
35			\$394.92				\$394.92
36	\$809.67			\$80.97			\$890.64
37				\$89.88			\$89.88
38				\$62.64			\$62.64
39		\$1,363.61		\$136.36		\$2,361.05	\$3,861.02
40						\$341.59	\$341.59
41	\$4,958.33			\$720.59		\$41.00	\$5,719.92
42	\$2,690.07			\$407.75			\$3,097.82
<b>Sub-totals:</b>	\$22,473.80	\$4,317.03	\$394.92	\$4,006.46	\$0.00	\$2,828.41	\$34,020.62

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 3 of 3

Audit No: AHM-05-99-NR-5

**Subject:** Integrated HealthCARE Delivery Services (K-Mart)

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
43		\$24.76		\$2.48			\$27.24
44	\$347.21			\$127.16			\$474.37
45				\$35.00			\$35.00
46	\$1,188.00			\$118.00			\$1,306.00
47	\$36.19			\$3.62			\$39.81
Sub-totals:	\$1,571.40	\$24.76	\$0.00	\$286.26	\$0.00	\$0.00	\$1,882.42

Totals:	\$28,099.49	\$20,343.12	\$394.92	\$8,123.63	\$0.00	\$2,828.41	\$59,789.57
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Frequency of Assessments in Randomly Selected Audited Files

Audit No: AHM-05-99-NR-5

**Subject:** Integrated HealthCARE Delivery Services (K-Mart)

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	80	52	65.00%
2	LATE FIRST PAY OF PD	25	9	36.00%
3	LATE FIRST PAY OF VRMA	10	2	20.00%
4	LATE SUBSEQ INDEM. PAY	52	31	59.62%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	119	45	37.82%
7	LATE BEN. NOTICES (INDEM.,DELAY)	117	54	46.15%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	54	45	83.33%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	33	19	57.58%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	12	4	33.33%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	26	23	88.46%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	19	9	47.37%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	5	1	20.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	55	18	32.73%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	45	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	90	36	40.00%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	6,608	11	0.17%
20	OTHER ASSESSMENTS	235	48	20.43%
21	UNSUPPORTED DENIALS	39	0	0.00%

### **Penalty Assessments and Collections**

261	Audit No:	AHM-05
129		
66	Subject:	Integrate
39		(K-Mar
26		·
1	<b>Location:</b>	<b>Upland</b>
	129 66 39	129 66 Subject:

dit No: AHM-05-99-NR-5 **Type: TPA** 

**Integrated HealthCARE Delivery** 

(K-Mart)

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	68	\$7,920	\$7,920	\$0		X
2	17	\$4,600	\$4,600	\$0		X
3	6	\$1,400	\$1,400	\$0		X
4	142	\$11,270	\$11,270	\$0		X
5	0	\$0	\$0	\$0		X
6	109	\$10,900	\$10,900	\$0		X
7	108	\$6,865	\$6,865	\$0		X
8	785	\$64,110	\$64,110	\$0		X
9	49	\$4,450	\$4,450	\$0		X
10	18	\$1,320	\$1,320	\$0		X
11	1	\$400	\$400	\$0		X
12	34	\$15,440	\$15,440	\$0		X
13	24	\$10,160	\$10,160	\$0		X
14	6	\$2,700	\$2,700	\$0		X
15	20	\$8,840	\$8,840	\$0		X
16	0	\$0	\$0	\$0		X
17	1	\$80	\$80	\$0		X
18 a	29	\$10,980	\$10,980	\$0		X
18 b	7	\$3,540	\$3,540	\$0		X
18 c	1	\$1,000	\$1,000	\$0		X
18 d	65	\$5,040	\$5,040	\$0		X
18 e	4	\$2,720	\$2,720	\$0		X
18 f	5	\$1,260	\$1,260	\$0		X
19	11	\$880	\$880	\$0		X
20 a	47	\$1,950	\$1,950	\$0		X
20 b	4	\$2,400	\$2,400	\$0		X
20 c	18	\$19,940	\$19,940	\$0		X
20 d	46	\$8,860	\$8,860	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	1625	\$209,025	\$209,025	\$0		X

**Notices of Compensation Due** 

**Audit No: OAK-01-99-R-5** 

**Subject:** Kemper Risk Management Services

Location: Concord Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				¢20.00		¢24.07	¢(2,07
1		<b>**</b> *** * * * * * * * * * * * * * * * *		\$28.00		\$34.97	\$62.97
2	\$396.00	\$2,571.84					\$2,967.84
3				\$18.39			\$18.39
4				\$212.77			\$212.77
5	\$205.64			\$50.18			\$255.82
6				\$107.10			\$107.10
7				\$27.58			\$27.58
8	\$68.57						\$68.57
9				\$94.50			\$94.50
10				\$188.34			\$188.34
11	\$758.92			\$110.58			\$869.50
12				\$40.02			\$40.02
				7			7
Totals:	\$1,429.13	\$2,571.84	\$0.00	\$877.46	\$0.00	\$34.97	\$4,913.40

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: OAK-01-99-R-5** 

**Subject:** Kemper Risk Management Services

Location: Concord Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	17	4	23.53%
2	LATE FIRST PAY OF PD	15	6	40.00%
3	LATE FIRST PAY OF VRMA	4	1	25.00%
4	LATE SUBSEQ INDEM. PAY	20	7	35.00%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	39	7	17.95%
7	LATE BEN. NOTICES (INDEM.,DELAY)	39	4	10.26%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	42	4	9.52%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	21	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	5	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	8	4	50.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	5	2	40.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	0	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	16	4	25.00%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	53	1	1.89%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	25	8	32.00%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	1,893	0	0.00%
20	OTHER ASSESSMENTS	168	5	2.98%
21	UNSUPPORTED DENIALS	53	0	0.00%

**Penalty Assessments and Collections** 

No. of Files Audited:	177
Indemnity	56
Medical Only	59
Denied	53
Complaints	6
Additional Files	3

Audit No: OAK-01-99-R-5 Type: TPA

**Subject:** Kemper Risk Management Services

**Location: Concord** 

Item	# of	Total \$	Total \$	Balance	Ap	pealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	5	\$225	\$225	\$0		X
2	7	\$2,450	\$2,450	\$0		X
3	1	\$160	\$160	\$0		X
4	9	\$1,320	\$1,320	\$0		X
5	0	\$0	\$0	\$0		X
6	20	\$1,600	\$1,600	\$0		X
7	5	\$225	\$225	\$0		X
8	4	\$240	\$240	\$0		X
9	2	\$140	\$140	\$0		X
10	0	\$0	\$0	\$0		X
11	1	\$400	\$400	\$0		X
12	4	\$1,220	\$1,220	\$0		X
13	3	\$1,480	\$1,480	\$0		X
14	0	\$0	\$0	\$0		X
15	4	\$1,700	\$1,700	\$0		X
16	1	\$400	\$400	\$0		X
17	0	\$0	\$0	\$0		X
18 a	6	\$1,710	\$1,710	\$0		X
18 b	1	\$900	\$900	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	13	\$1,090	\$1,090	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	1	\$120	\$120	\$0		X
19	4	\$320	\$320	\$0		X
20 a	5	\$100	\$100	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	1	\$2,000	\$2,000	\$0		X
20 d	1	\$80	\$80	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	98	\$17,880	\$17,880	\$0		X

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: AHM-03-99-R-1** 

**Subject:** National American Insurance Company of CA (NAICC)

Location: Rancho Dominguez Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
			<b>**</b> ********				<b>***</b>
1			\$215.98				\$215.98
2		\$2,008.00		\$200.80			\$2,208.80
3		\$142.77		\$14.28			\$157.05
4				\$109.71			\$109.71
5	\$862.50			\$86.25			\$948.75
6				\$16.00			\$16.00
7	\$344.03			\$34.40			\$378.43
8				\$12.00			\$12.00
9	\$2,626.70			\$224.35			\$2,851.05
10	\$119.91			\$682.00			\$801.91
11	\$10.25						\$10.25
12			\$85.25				\$85.25
13	\$37.16			\$3.01			\$40.17
14			\$567.22				\$567.22
15	\$210.00		\$1,095.35	\$21.00			\$1,326.35
16				\$269.04			\$269.04
17		\$2,940.00		\$294.00			\$3,234.00
18	\$440.00						\$440.00
19				\$130.50			\$130.50
20	\$199.69			\$19.97			\$219.66
21	·		\$456.24	·			\$456.24
	\$4 QEO 24	¢5 000 77		¢2 117 21	<b>\$</b> 0 00	<b>¢</b> ለ ለለ	
Sub-totals	\$4,850.24	\$5,090.77	\$2,420.04	\$2,117.31	\$0.00	\$0.00	\$14,478.36

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

**Audit No: AHM-03-99-R-1** 

**Subject:** National American Insurance Company of CA (NAICC)

Location: Rancho Dominguez Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
22				\$28.00			\$28.00
23	\$146.32			\$1.26			\$147.58
24	\$37.98						\$37.98
Sub-total:	\$184.30	\$0.00	\$0.00	\$29.26	\$0.00	\$0.00	\$213.56

Totals:	\$5,034.54	\$5,090.77	\$2,420.04	\$2,146.57	\$0.00	\$0.00	\$14,691.92
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**Frequency of Assessments in Audited Files** 

**Audit No: AHM-03-99-R-1** 

**Subject:** National Amercan Insurance Company of CA (NAICC)

Location: Rancho Dominguez Type: INS

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	85	15	17.65%
2	LATE FIRST PAY OF PD	30	8	26.67%
3	LATE FIRST PAY OF VRMA	16	1	6.25%
4	LATE SUBSEQ INDEM. PAY	64	18	28.13%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	120	40	33.33%
7	LATE BEN. NOTICES (INDEM.,DELAY)	120	31	25.83%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	33	9	27.27%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	30	1	3.33%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	19	3	15.79%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	25	9	36.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	22	9	40.91%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	11	8	72.73%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	81	14	17.28%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	51	2	3.92%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	108	22	20.37%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	1,830	1	0.05%
20	OTHER ASSESSMENTS	225	58	25.78%
21	UNSUPPORTED DENIALS	50	0	0.00%

**Penalty Assessments and Collections** 

No. of Files Audited:	225	A
Indemnity	112	
Medical Only	63	5
Denied	50	
Complaints	10	
Additional Files	0	T

Audit No: AHM-03-99-R-1 Type: INS

**Subject:** National American Insurance

**Company of CA (NAICC)** 

0 Location: Rancho Dominguez

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	20	\$1,730	\$1,730	\$0		X
2	13	\$3,740	\$3,740	\$0		X
3	1	\$120	\$120	\$0		X
4	44	\$9,125	\$9,125	\$0		X
5	0	\$0	\$0	\$0		X
6	50	\$5,000	\$5,000	\$0		X
7	40	\$2,230	\$2,230	\$0		X
8	61	\$4,050	\$4,050	\$0		X
9	1	\$60	\$60	\$0		X
10	4	\$350	\$350	\$0		X
11	1	\$200	\$200	\$0		X
12	9	\$3,500	\$3,500	\$0		X
13	12	\$4,380	\$4,380	\$0		X
14	10	\$4,140	\$4,140	\$0		X
15	15	\$6,100	\$6,100	\$0		X
16	2	\$480	\$480	\$0		X
17	0	\$0	\$0	\$0		X
18 a	13	\$3,760	\$3,760	\$0		X
18 b	3	\$1,620	\$1,620	\$0		X
18 c	5	\$1,940	\$1,940	\$0		X
18 d	8	\$750	\$750	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	1	\$80	\$80	\$0		X
20 a	70	\$2,660	\$2,660	\$0		X
20 b	1	\$500	\$500	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	6	\$520	\$520	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	390	\$57,035	\$57,035	\$0		X

**Notices of Compensation Due** 

**Audit No: OAK-04-99-R-6** 

**Subject:** Port of Oakland

Location: Oakland Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$186.84						\$186.84
2	\$210.00						\$210.00
3				\$265.18			\$265.18
Totals:	\$396.84	\$0.00	\$0.00	\$265.18	\$0.00	\$0.00	\$662.02

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: OAK-04-99-R-6** 

**Subject:** Port of Oakland

Location: Oakland Type: SI

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
		ASSESSMENTS		
1	LATE FIRST PAY OF TD	34	1	2.94%
2	LATE FIRST PAY OF PD	12	2	16.67%
3	LATE FIRST PAY OF VRMA	0	0	0.00%
4	LATE SUBSEQ INDEM. PAY	31	1	3.23%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	48	1	2.08%
7	LATE BEN. NOTICES (INDEM.,DELAY)	48	5	10.42%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	20	0	0.00%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	26	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	3	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	8	0	0.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	4	0	0.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	5	4	80.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	33	4	12.12%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	18	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	35	3	8.57%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	204	1	0.49%
20	OTHER ASSESSMENTS	90	12	13.33%
21	UNSUPPORTED DENIALS	17	0	0.00%

No. of Files Audited:	91	Audit No: OAK-04-99-R-6	Type: SI
Indemnity	38		
Medical Only	35	Subject: Port of Oakland	
Denied	17		
Complaints	0	Location: Oakland	
Additional Files	1		

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	1	\$20	\$20	\$0		X
2	2	\$370	\$370	\$0		X
3	0	\$0	\$0	\$0		X
4	1	\$80	\$80	\$0		X
5	0	\$0	\$0	\$0		X
6	1	\$0*	\$0	\$0		X
7	5	\$285	\$285	\$0		X
8	0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0		X
14	6	\$1,600	\$1,600	\$0		X
15	4	\$1,500	\$1,500	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	2	\$200	\$200	\$0		X
18 b	0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	1	\$100	\$100	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	1	\$80	\$80	\$0		X
20 a	12	\$300	\$300	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	36	\$4,535	\$4,535	<b>\$0</b>		X

<sup>\*</sup> Penalty was reduced to \$0 based on low frequency (10% or less of randomly selected files with exposure for violations had assessments).

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: SFO-02-99-R-5** 

Subject: Presidium, Inc.

Location: San Francisco Type: TPA

Item Number	Temporary Disability	Permanent Disability	VRMA	Self- imposed	Death Benefits	Penalty Interest	Total
	,	,		Increase		or Other	
1		\$5,565.98		\$556.60		\$438.93	\$6,561.51
2				\$12.75			\$12.75
3		\$4,085.47		\$408.54			\$4,494.01
4				\$1,537.29			\$1,537.29
5				\$96.05			\$96.05
6		\$6,980.05		\$727.44			\$7,707.49
7				\$152.30			\$152.30
8	\$1,453.19			\$137.00			\$1,590.19
9	\$23.84						\$23.84
10	\$46.90						\$46.90
11		\$3,200.00		\$320.00			\$3,520.00
12	\$932.94			\$64.26			\$997.20
13	\$70.00			\$84.00			\$154.00
14				\$198.97			\$198.97
15	\$484.51						\$484.51
16	\$70.00			\$7.00			\$77.00
17				\$98.00			\$98.00
18	\$228.90	\$2,565.92	\$362.40	\$335.48			\$3,492.70
19			\$6,720.00				\$6,720.00
20				\$42.00			\$42.00
21	\$1,886.74			\$138.50			\$2,025.24
Sub-totals:	\$5,197.02	\$22,397.42	\$7,082.40	\$4,916.18	\$0.00	\$438.93	\$40,031.95

Notices of Compensation Due Page 2 of 2

**Audit No: SFO-02-99-R-5** 

Subject: Presidium, Inc.

Location: San Francisco Type: TPA

Number	Temporary	Permanant	VRMA	Self-	Death	Penalty	Total
	Disability	Disability		imposed	Benefits	interest,	
				Increase		or other	
22				\$210.00			\$210.00
23				\$44.00			\$44.00
24		\$700.00		\$86.00			\$786.00
<b>Sub-totals:</b>	\$0.00	\$700.00	\$0.00	\$340.00	\$0.00	\$0.00	\$1,040.00

Totals: \$5,197.02 \$23,097.42 \$7,082.4	\$5,256.18 \$0.00	\$438.93 \$41,071.95
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# Frequency of Assessments in Randomly Selected Audited Files

**Audit No: SFO-02-99-R-5** 

Subject: Presidium, Inc.

Location: San Francisco Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	62	14	22.58%
2	LATE FIRST PAY OF PD	25	7	28.00%
3	LATE FIRST PAY OF VRMA	3	0	0.00%
4	LATE SUBSEQ INDEM. PAY	55	7	12.73%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	91	9	9.89%
7	LATE BEN. NOTICES (INDEM.,DELAY)	91	17	18.68%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	59	11	18.64%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	39	2	5.13%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	9	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	13	7	53.85%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	11	5	45.45%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	7	1	14.29%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	62	23	37.10%
16	FAIL TO ISSUE DENIAL NOTICE AS REQ.	54	2	3.70%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	69	22	31.88%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	3,893	4	0.10%
20	OTHER ASSESSMENTS	249	16	6.43%
21	UNSUPPORTED DENIALS	56	1	1.79%

No. of Files Audited:	255	<b>Audit No:</b>	SFO-02-99-R-5	Type: TPA
Indemnity	129			
Medical Only	64	<b>Subject:</b>	Presidium, Inc	
Denied	56			
Complaints	4	<b>Location:</b>	San Francisco	
Additional Files	2			

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	14	\$1,445	\$1,445	\$0		X
2	7	\$1,495	\$1,495	\$0		X
3	0	\$0	\$0	\$0		X
4	10	\$580	\$580	\$0		X
5	0	\$0	\$0	\$0		X
6	12	0*	\$0	\$0		X
7	22	\$1,060	\$1,060	\$0		X
8	20	\$1,450	\$1,450	\$0		X
9	3	\$180	\$180	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	7	\$2,800	\$2,800	\$0		X
13	5	\$1,480	\$1,480	\$0		X
14	1	\$200	\$200	\$0		X
15	23	\$10,040	\$10,040	\$0		X
16	2	\$160	\$160	\$0		X
17	0	\$0	\$0	\$0		X
18 a	10	\$3,480	\$3,480	\$0		X
18 b	5	\$3,940	\$3,940	\$0		X
18 c	2	\$1,240	\$1,240	\$0		X
18 d	15	\$1,320	\$1,320	\$0		X
18 e	1	\$1,000	\$1,000	\$0		X
18 f	1	\$120	\$120	\$0		X
19	4	\$320	\$320	\$0		X
20 a	16	\$475	\$475	\$0		X
20 b	1	\$500	\$500	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	8	\$650	\$650	\$0		X
21	1	\$2,000	\$2,000	\$0		X
Totals:	190	\$35,935	\$35,935	\$0		X

<sup>\*</sup> Penalties were reduced to \$0 each based on low frequency (10% or less of randomly selected files with exposure for violations had assessments).

**Notices of Compensation Due** 

**Audit No: AHM-10-99-R-1** 

**Subject:** Republic American Insurance Group

Location: San Diego Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
_				Increase		or Other	
1			\$333.15	\$58.29			\$391.44
2		\$960.00		\$96.00			\$1,056.00
3	\$16.04						\$16.04
4				\$21.86			\$21.86
5				\$77.00			\$77.00
Totals:	\$16.04	\$960.00	\$333.15	\$253.15	\$0.00	\$0.00	\$1,562.34

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-10-99-R-1** 

**Subject:** Republic American Insurance Group

Location: San Diego Type: INS

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	53	8	15.09%
2	LATE FIRST PAY OF PD	21	5	23.81%
3	LATE FIRST PAY OF VRMA	10	0	0.00%
4	LATE SUBSEQ INDEM. PAY	40	9	22.50%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	91	17	18.68%
7	LATE BEN. NOTICES (INDEM.,DELAY)	90	14	15.56%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	35	3	8.57%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	34	2	5.88%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	13	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	16	5	31.25%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	12	5	41.67%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	9	1	11.11%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	51	5	9.80%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	60	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	67	5	7.46%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	5,944	13	0.22%
20	OTHER ASSESSMENTS	183	15	8.20%
21	UNSUPPORTED DENIALS	60	0	0.00%

No. of Files Audited:	186	Audit No: AHM-10-99-R-1 Type: INS
Indemnity	57	
<b>Medical Only</b>	66	Subject: Republic American Insurance
Denied	60	Group
Complaints	3	
Additional Files	0	Location: San Diego

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	10	\$1,020	\$1,020	\$0		X
2	7	\$745	\$745	\$0		X
3	0	\$0	\$0	\$0		X
4	17	\$1,495	\$1,495	\$0		X
5	0	\$0	\$0	\$0		X
6	20	\$1,600	\$1,600	\$0		X
7	14	\$575	\$575	\$0		X
8	7	\$380	\$380	\$0		X
9	3	\$160	\$160	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	5	\$1,320	\$1,320	\$0		X
13	5	\$1,180	\$1,180	\$0		X
14	1	\$100	\$100	\$0		X
15	5	\$720	\$720	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	1	\$100	\$100	\$0		X
18 b	1	\$200	\$200	\$0		X
18 c	1	\$300	\$300	\$0		X
18 d	3	\$250	\$250	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	13	\$320	\$320	\$0		X
20 a	7	\$175	\$175	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	1	\$500	\$500	\$0		X
20 d	20	\$1,025	\$1,025	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	141	\$12,165	\$12,165	\$0		X

**Notices of Compensation Due** 

**Audit No: OAK-03-99-R-1** 

**Subject:** Royal and SunAlliance

Location: Walnut Creek Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$37.82			\$37.82
2		\$531.43				\$29.56	\$560.99
3				\$681.97			\$681.97
4	\$107.77			\$4.58			\$112.35
Totals:	\$107.77	\$531.43	\$0.00	\$724.37	\$0.00	\$29.56	\$1,393.13

# Frequency of Assessments in Randomly Selected Audited Files

**Audit No: OAK-03-99-R-1** 

**Subject:** Royal and SunAlliance

Location: Walnut Creek Type: INS

ITEM	VIOLATIONS RELATED TO:	# OF AUDITED	# OF AUDITED	% OF FILES
NO.		FILES WITH	FILES WITH	WITH
		EXPOSURE	ASSESSMENTS	ASSESSMENTS
		FOR		
		ASSESSMENTS		
1	LATE FIRST PAY OF TD	41	15	36.59%
2	LATE FIRST PAY OF PD	6	0	0.00%
3	LATE FIRST PAY OF VRMA	4	0	0.00%
4	LATE SUBSEQ INDEM. PAY	25	6	24.00%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	55	13	23.64%
7	LATE BEN. NOTICES (INDEM.,DELAY)	54	11	20.37%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	45	2	4.44%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	0	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	0	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	10	10	100.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	8	8	100.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	1	1	100.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	33	6	18.18%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	43	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	44	3	6.82%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	2,893	3	0.10%
20	OTHER ASSESSMENTS	163	10	6.13%
21	UNSUPPORTED DENIALS	0	0	0.00%

No. of Files Audited:	170	Audit No: OAK-03-99-R-1 Type: IN
Indemnity	55	
Medical Only	65	Subject: Royal and SunAlliance
Denied	43	-
Complaints	3	Location: Walnut Creek
Additional Files	4	

Item	# of	Total \$	Total \$	Balance	App	pealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	16	\$4,490	\$4,490	\$0		X
2	1	\$80	\$80	\$0		X
3	0	\$0	\$0	\$0		X
4	13	\$2,475	\$2,475	\$0		X
5	0	\$0	\$0	\$0		X
6	26	\$2,600	\$2,600	\$0		X
7	12	\$855	\$855	\$0		X
8	7	\$180	\$180	\$0		X
9	0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	12	\$4,980	\$4,980	\$0		X
13	9	\$3,860	\$3,860	\$0		X
14	1	\$500	\$500	\$0		X
15	7	\$1,800	\$1,800	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	1	\$100	\$100	\$0		X
18 b	0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	2	\$200	\$200	\$0		X
18 e	2	\$800	\$800	\$0		X
18 f	0	\$0	\$0	\$0		X
19	3	\$180	\$180	\$0		X
20 a	7	\$175	\$175	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	9	\$750	\$750	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	128	\$24,025	\$24,025	\$0		X

**Notices of Compensation Due** 

**Audit No: VNO-04-99-NR-5** 

**Subject:** RSKCo (formerly Alexsis)

**Location: West Covina Type: TPA** 

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1						\$151.69	\$151.69
2		\$700.00		\$70.00		\$8.98	\$778.98
3				\$255.50			\$255.50
4		\$48.58		\$44.29			\$92.87
5	\$1,089.26	\$1,196.03		\$249.20			\$2,534.49
6	\$54.00						\$54.00
7	\$1,302.15			\$130.02			\$1,432.17
8	\$124.70			\$81.20			\$205.90
9	\$152.46						\$152.46
10	\$25.35						\$25.35
11	\$173.73			\$68.10			\$241.83
12				\$189.99			\$189.99
13				\$39.71			\$39.71
14	\$24.30						\$24.30
15	\$864.00			\$1,433.14			\$2,297.14
16	\$68.55						\$68.55
17	\$165.39			\$156.43			\$321.82
18				\$59.59			\$59.59
Totals:	\$4,043.89	\$1,944.61	\$0.00	\$2,777.17	\$0.00	\$160.67	\$8,926.34

Frequency of Assessments in Randomly Selected Audited Files

Audit No: VNO-04-99-NR-5

**Subject:** RSKCo (formerly Alexsis)

**Location:** West Covina Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	38	12	31.58%
2	LATE FIRST PAY OF PD	14	1	7.14%
3	LATE FIRST PAY OF VRMA	3	0	0.00%
4	LATE SUBSEQ INDEM. PAY	26	10	38.46%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	55	12	21.82%
7	LATE BEN. NOTICES (INDEM.,DELAY)	55	8	14.55%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	29	5	17.24%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	20	5	25.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	4	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	13	8	61.54%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	6	2	33.33%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	0	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	29	7	24.14%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	53	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	42	12	28.57%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	5,771	3	0.05%
20	OTHER ASSESSMENTS	175	15	8.57%
21	UNSUPPORTED DENIALS	52	0	0.00%

No. of Files Audited:	192	Audit No: VNO-04-99-NR-5 Type: TPA
Indemnity	57	
Medical Only	66	Subject: RSKCo (formerly Alexsis)
Denied	52	
Complaints	13	<b>Location: West Covina</b>
Additional Files	4	

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	22	\$3,190	\$3,190	\$0		X
2	4	\$380	\$380	\$0		X
3	2	\$60	\$60	\$0		X
4	84	\$7,775	\$7,775	\$0		X
5	0	\$0	\$0	\$0		X
6	59	\$5,880	\$5,880	\$0		X
7	18	\$705	\$705	\$0		X
8	60	\$4,425	\$4,425	\$0		X
9	31	\$2,625	\$2,625	\$0		X
10	8	\$440	\$440	\$0		X
11	2	\$1,000	\$1,000	\$0		X
12	14	\$6,260	\$6,260	\$0		X
13	6	\$2,720	\$2,720	\$0		X
14	0	\$0	\$0	\$0		X
15	12	\$4,700	\$4,700	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	14	\$4,000	\$4,000	\$0		X
18 b	3	\$960	\$960	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	22	\$1,790	\$1,790	\$0		X
18 e	3	\$360	\$360	\$0		X
18 f	0	\$0	\$0	\$0		X
19	3	\$240	\$240	\$0		X
20 a	21	\$600	\$600	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	7	\$10,500	\$10,500	\$0		X
20 d	20	\$1,350	\$1,350	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	415	\$59,960	\$59,960	\$0		X

**Notices of Compensation Due** 

**Audit No: OAK-02-99-R-2** 

**Subject:** Sandia National Laboratories

Location: Livermore Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1		\$460.00					\$460.00
2				\$48.00			\$48.00
3				\$164.62			\$164.62
4		\$659.95		\$692.29			\$1,352.24
5				\$28.00			\$28.00
6				\$137.56			\$137.56
7				\$56.00			\$56.00
8				\$108.00			\$108.00
Totals:	\$0.00	\$1,119.95	\$0.00	\$1,234.47	\$0.00	\$0.00	\$2,354.42

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: OAK-02-99-R-2** 

**Subject:** Sandia National Laboratories

Location: Livermore Type: SI

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	0	0	0.00%
2	LATE FIRST PAY OF PD	8	5	62.50%
3	LATE FIRST PAY OF VRMA	1	0	0.00%
4	LATE SUBSEQ INDEM. PAY	8	8	100.00%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	14	2	14.29%
7	LATE BEN. NOTICES (INDEM.,DELAY)	14	6	42.86%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	3	0	0.00%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	2	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	1	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	1	0	0.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	2	0	0.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	0	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	12	1	8.33%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	4	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	12	8	66.67%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	84	0	0.00%
20	OTHER ASSESSMENTS	55	2	3.64%
21	UNSUPPORTED DENIALS	4	0	0.00%

No. of Files Audited:	55	<b>Audit No:</b>	OAK-02-99-R-2	Type: SI		
Indemnity	21					
<b>Medical Only</b>	30	Subject:	Sandia National Laboratorie			
Denied	4					
Complaints	0	<b>Location:</b>	Livermore			
<b>Additional Files</b>	0					

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	0	\$0	\$0	\$0		X
2	5	\$380	\$380	\$0		X
3	0	\$0	\$0	\$0		X
4	43	\$5,020	\$5,020	\$0		X
5	0	\$0	\$0	\$0		X
6	6	\$480	\$480	\$0		X
7	10	\$650	\$650	\$0		X
8	0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0		X
15	1	\$320	\$320	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	0	\$0	\$0	\$0		X
18 b	2	\$480	\$480	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	17	\$1,420	\$1,420	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0		X
20 a	2	\$40	\$40	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	1	\$80	\$80	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	87	\$8,870	\$8,870	\$0		X

**Notices of Compensation Due** 

**Audit No: AHM-11-99-R-1** 

**Subject:** Springfield Insurance Company

Location: Covina Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$225.19						\$225.19
2		\$6,687.13	\$1,449.30	\$668.71			\$8,805.14
3			\$1,433.83				\$1,433.83
4	\$144.00						\$144.00
5	\$133.49			\$10.87			\$144.36
6	\$356.05			\$35.61			\$391.66
7		\$7,656.00		\$765.60			\$8,421.60
8	\$289.92			\$28.99			\$318.91
9		\$1,335.71		\$298.71			\$1,634.42
Totals:	\$1,148.65	\$15,678.84	\$2,883.13	\$1,808.49	\$0.00	\$0.00	\$21,519.11

Calendar Year: 1999 Individual Exhibit 5
Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-11-99-R-1** 

**Subject:** Springfield Insurance Company

Location: Covina Type: INS

ITEM	VIOLATIONS RELATED TO:	# OF AUDITED	# OF AUDITED	% OF FILES
NO.		FILES WITH	FILES WITH	WITH
		EXPOSURE	ASSESSMENTS	ASSESSMENTS
		FOR		
		ASSESSMENTS		
1	LATE FIRST PAY OF TD	49	10	20.41%
2	LATE FIRST PAY OF PD	13	4	30.77%
3	LATE FIRST PAY OF VRMA	11	3	27.27%
4	LATE SUBSEQ INDEM. PAY	36	13	36.11%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	78	18	23.08%
7	LATE BEN. NOTICES (INDEM.,DELAY)	77	19	24.68%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	25	8	32.00%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	20	1	5.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	9	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	11	4	36.36%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	12	4	33.33%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	6	4	66.67%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	47	15	31.91%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	48	1	2.08%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	56	9	16.07%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	2,432	10	0.41%
20	OTHER ASSESSMENTS	177	9	5.08%
21	UNSUPPORTED DENIALS	48	0	0.00%

No. of Files Audited:	177	Audit No: AHM-11-99-R-1 Type: INS
Indemnity	56	
<b>Medical Only</b>	64	Subject: Springfield Insurance Co.
Denied	48	
Complaints	1	Location: Covina
<b>Additional Files</b>	8	

Item	# of	Total \$	Total \$	Balance	Appealed	
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	11	\$420	\$420	\$0		X
2	4	\$1,640	\$1,640	\$0		X
3	3	\$2,000	\$2,000	\$0		X
4	23	\$2,505	\$2,505	\$0		X
5	0	\$0	\$0	\$0		X
6	19	\$1,900	\$1,900	\$0		X
7	25	\$1,340	\$1,340	\$0		X
8	14	\$1,180	\$1,180	\$0		X
9	1	\$60	\$60	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	4	\$840	\$840	\$0		X
13	4	\$1,600	\$1,600	\$0		X
14	4	\$840	\$840	\$0		X
15	15	\$6,840	\$6,840	\$0		X
16	1	\$400	\$400	\$0		X
17	0	\$0	\$0	\$0		X
18 a	5	\$1,200	\$1,200	\$0		X
18 b	3	\$2,400	\$2,400	\$0		X
18 c	2	\$2,000	\$2,000	\$0		X
18 d	1	\$100	\$100	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	11	\$660	\$660	\$0		X
20 a	6	\$150	\$150	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	4	\$350	\$350	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	160	\$28,425	\$28,425	\$0		X

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 2

**Audit No: AHM-01-99-NR-1** 

**Subject:** State Compensation Insurance Fund

Location: Cerritos Type: INS

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1		\$2,142.00		\$214.20			\$2,356.20
2				\$90.11			\$90.11
3	\$11.36						\$11.36
4				\$86.66			\$86.66
5	\$159.84						\$159.84
6	\$83.14						\$83.14
7	\$54.00			\$3.60			\$57.60
8	\$498.52			\$7.59			\$506.11
9				\$14.22			\$14.22
10	\$352.63			\$352.63			\$705.26
11	\$28.58						\$28.58
12	\$163.33						\$163.33
13				\$50.99			\$50.99
14	\$15.36						\$15.36
15	\$32.82			\$1.37			\$34.19
16	\$38.78			\$3.88			\$42.66
17	\$254.49						\$254.49
18	\$45.48						\$45.48
19	\$982.01			\$70.41			\$1,052.42
20	\$499.88			·			\$499.88
21	\$377.14						\$377.14
		ΦΦ 140 00	<b>#</b> 0.00	<b>Φ00</b> ₹ < <	φο ος	40.00	
Sub-totals:	\$3,597.36	\$2,142.00	\$0.00	\$895.66	\$0.00	\$0.00	\$6,635.02

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 2 of 2

Audit No: AHM-01-99-NR-1

**Subject:** State Compensation Insurance Fund

**Location: Cerritos Type: INS** 

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1		\$3,220.00		\$322.00			\$3,542.00
2	\$210.00						\$210.00
3	\$1,079.88		\$294.80	\$36.96			\$1,411.64
4				\$35.65			\$35.65
5				\$20.00			\$20.00
6				\$82.25			\$82.25
Sub-totals:	\$1,289.88	\$3,220.00	\$294.80	\$496.86	\$0.00	\$0.00	\$5,301.54

Totals:	\$4,887.24	\$5,362.00	\$294.80	\$1,392.52	\$0.00	\$0.00	\$11,936.56
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Frequency of Assessments in Randomly Selected Audited Files

Audit No: AHM-01-99-NR-1

**Subject:** State Compensation Insurance Fund

Location: Cerritos Type: INS

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	98	28	28.57%
2	LATE FIRST PAY OF PD	29	4	13.79%
3	LATE FIRST PAY OF VRMA	17	5	29.41%
4	LATE SUBSEQ INDEM. PAY	71	28	39.44%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	161	62	38.51%
7	LATE BEN. NOTICES (INDEM.,DELAY)	159	59	37.11%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	45	7	15.56%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	65	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	20	1	5.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	39	7	17.95%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	34	13	38.24%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	21	1	4.76%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	85	25	29.41%
16	FAIL TO ISSUE DENIAL NOTICE AS REQ.	54	1	1.85%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	119	23	19.33%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	7,385	7	0.09%
20	OTHER ASSESSMENTS	258	42	16.28%
21	UNSUPPORTED DENIALS	60	0	0.00%

No. of Files Audited:	287	Audit No: AHM-01-99-NR-1 Type: INS
Indemnity	132	
Medical Only	66	<b>Subject: State Compensation</b>
Denied	60	<b>Insurance Fund</b>
Complaints	21	
Additional Files	8	Location: Cerritos

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	34	\$1,560	\$1,560	\$0		X
2	6	\$1,950	\$1,950	\$0		X
3	6	\$250	\$250	\$0		X
4	73	\$8,190	\$8,190	\$0		X
5	0	\$0	\$0	\$0		X
6	141	\$14,100	\$14,100	\$0		X
7	99	\$6,625	\$6,625	\$0		X
8	39	\$2,650	\$2,650	\$0		X
9	0	\$0	\$0	\$0		X
10	2	\$80	\$80	\$0		X
11	0	\$0	\$0	\$0		X
12	9	\$2,000	\$2,000	\$0		X
13	18	\$7,460	\$7,460	\$0		X
14	1	\$320	\$320	\$0		X
15	27	\$11,400	\$11,400	\$0		X
16	1	\$400	\$400	\$0		X
17	1	\$80	\$80	\$0		X
18 a	19	\$3,750	\$3,750	\$0		X
18 b	2	\$1,500	\$1,500	\$0		X
18 c	2	\$1,050	\$1,050	\$0		X
18 d	12	\$850	\$850	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	7	\$560	\$560	\$0		X
20 a	37	\$1,000	\$1,000	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	11	\$19,500	\$19,500	\$0		X
20 d	11	\$700	\$700	\$0		X
21	1	\$4,000	\$4,000	\$0		X
Totals:	559	\$89,975	\$89,975	\$0		X

**Notices of Compensation Due** 

**Audit No: SFO-04-99-R-5** 

**Subject:** State Compensation Insurance Fund

Location: Eureka Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed Increase	Benefits	Interest or Other	
				merease		or Onici	
1				\$134.00			\$134.00
2	\$293.80			\$32.70			\$326.50
3	\$60.00			\$140.00			\$200.00
Totals:	\$353.80	\$0.00	\$0.00	\$306.70	\$0.00	\$0.00	\$660.50

Frequency of Assessments in Randomly Selected Audited Files

**Audit No:** SFO-04-99-R-5

**Subject:** State Compensation Insurance Fund

Location: Eureka Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	6	5	83.33%
2	LATE FIRST PAY OF PD	9	2	22.22%
3	LATE FIRST PAY OF VRMA	0	0	0.00%
4	LATE SUBSEQ INDEM. PAY	15	2	13.33%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	50	6	12.00%
7	LATE BEN. NOTICES (INDEM.,DELAY)	49	7	14.29%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	84	0	0.00%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	22	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	3	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	6	2	33.33%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	3	1	33.33%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	2	1	50.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	33	4	12.12%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	55	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	37	3	8.11%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	1,954	0	0.00%
20	OTHER ASSESSMENTS	174	24	13.79%
21	UNSUPPORTED DENIALS	57	0	0.00%

No. of Files Audited:	175	Audit No: SFO-04-99-R-5 Type: TPA
Indemnity	54	
<b>Medical Only</b>	63	Subject: State Compensation
Denied	57	Insurance Fund
Complaints	1	
Additional Files	0	Location: Eureka

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	5	\$750	\$750	\$0		X
2	2	\$480	\$480	\$0		X
3	0	\$0	\$0	\$0		X
4	4	\$420	\$420	\$0		X
5	0	\$0	\$0	\$0		X
6	8	\$800	\$800	\$0		X
7	7	\$280	\$280	\$0		X
8	0	\$0	\$0	\$0		X
9	0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	2	\$860	\$860	\$0		X
13	1	\$120	\$120	\$0		X
14	1	\$500	\$500	\$0		X
15	4	\$1,700	\$1,700	\$0		X
16	0	\$0	\$0	\$0		X
17	1	\$100	\$100	\$0		X
18 a	2	\$600	\$600	\$0		X
18 b	0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	4	\$175	\$175	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0		X
20 a	23	\$575	\$575	\$0		X
20 b	1	\$500	\$500	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	1	\$100	\$100	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	66	\$7,960	\$7,960	\$0		X

**Notices of Compensation Due** 

**Audit No: VNO-01-99-NR-1** 

**Subject:** Superior National / Cal Comp

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$54.79			\$54.79
2	\$28.58						\$28.58
3		\$142.21		\$350.94		\$23.42	\$516.57
4		\$218.57		\$344.89			\$563.46
5		\$5,032.61		\$503.26		\$4.00	\$5,539.87
6	\$80.09						\$80.09
Totals:	\$108.67	\$5,393.39	\$0.00	\$1,253.88	\$0.00	\$27.42	\$6,783.36

Frequency of Assessments in Randomly Selected Audited Files

Audit No: VNO-01-99-NR-1

**Subject:** Superior National / Cal Comp

	VIOLATIONS RELATED TO:	# OF AUDITED	# OF AUDITED	% OF FILES
NO.		FILES WITH EXPOSURE	FILES WITH ASSESSMENTS	WITH ASSESSMENTS
		FOR		
		ASSESSMENTS		
1	LATE FIRST PAY OF TD	25	3	12.00%
2	LATE FIRST PAY OF PD	9	1	11.11%
3	LATE FIRST PAY OF VRMA	6	0	0.00%
4	LATE SUBSEQ INDEM. PAY	13	1	7.69%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	95	6	6.32%
7	LATE BEN. NOTICES (INDEM.,DELAY)	95	7	7.37%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	41	6	14.63%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	30	6	20.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	6	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	7	2	28.57%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	7	2	28.57%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	0	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	20	0	0.00%
16	FAIL TO ISSUE DENIAL NOTICE AS REQ.	63	1	1.59%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A	0	N.A.
18	UNPAID INDEMNITY	30	5	16.67%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	16,217	0	0.00%
20	OTHER ASSESSMENTS	188	7	3.72%
21	UNSUPPORTED DENIALS	63	0	0.00%

No. of Files Audited:	206	Audit No: VNO-01-99-NR-1 Type: INS
Indemnity	59	
Medical Only	66	Subject: Superior National / Cal Comp
Denied	63	
Complaints	18	Location: Woodland Hills
<b>Additional Files</b>	0	

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	5	\$175	\$175	\$0		X
2	1	\$320	\$320	\$0		X
3	0	\$0	\$0	\$0		X
4	8	\$320	\$320	\$0		X
5	0	\$0	\$0	\$0		X
6	20	\$0*	\$0	\$0		X
7	11	\$0*	\$0	\$0		X
8	42	\$3,100	\$3,100	\$0		X
9	17	\$1,375	\$1,375	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	3	\$600	\$600	\$0		X
13	3	\$1,400	\$1,400	\$0		X
14	0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0		X
16	1	\$80	\$80	\$0		X
17	0	\$0	\$0	\$0		X
18 a	2	\$300	\$300	\$0		X
18 b	2	\$1,200	\$1,200	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	6	\$450	\$450	\$0		X
18 e	3	\$400	\$400	\$0		X
18 f	0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0		X
20 a	9	\$180	\$180	\$0		X
20 b	1	\$800	\$800	\$0		X
20 c	11	\$27,000	\$27,000	\$0		X
20 d	8	\$360	\$360	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	153	\$38,060	\$38,060	<b>\$0</b>		X

<sup>\*</sup> Penalties were reduced to \$0 each based on low frequency (10% or less of randomly selected files with exposure for violations had assessments).

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 1 of 3

Audit No: VNO-03-99-NR-1

**Subject:** Superior Pacific Insurance Group

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
				Φ25.07			Φ25.07
1				\$25.97			\$25.97
2		\$13,162.86		\$1,316.29			\$14,479.15
3		\$152.86		\$89.29			\$242.15
4	\$7,795.75	\$296.27	\$14,402.56	\$714.62			\$23,209.20
5		\$1,481.43		\$148.14			\$1,629.57
6	\$402.90	\$840.00		\$113.09			\$1,355.99
7				\$127.50			\$127.50
8	\$93.58						\$93.58
9	\$65.95						\$65.95
10				\$32.00			\$32.00
11	\$20.95						\$20.95
12	\$25.89						\$25.89
13	\$533.34			\$53.33			\$586.67
14				\$256.62			\$256.62
15	\$370.50			\$28.82			\$399.32
16		\$1,755.65		\$175.57			\$1,931.22
17			\$574.13				\$574.13
18	\$18.00						\$18.00
19		\$820.00					\$820.00
20		\$2,040.00					\$2,040.00
21	\$139.41						\$139.41
Sub-totals:	\$9,466.27	\$20,549.07	\$14,976.69	\$3,081.24	\$0.00	\$0.00	\$48,073.27

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 2 of 3

Audit No: VNO-03-99-NR-1

**Subject:** Superior Pacific Insurance Group

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
22	φ1.1 <b>π</b> <.20			<b>\$0.5.00</b>			<b>41.272.2</b> 5
22	\$1,156.28			\$96.08			\$1,252.36
23	\$48.94			\$46.40			\$95.34
24	\$1,680.00			\$133.00			\$1,813.00
25				\$161.58			\$161.58
26	\$6,333.00	\$5,066.40		\$1,062.14			\$12,461.54
27				\$53.34			\$53.34
28	\$32.74						\$32.74
29	\$382.36	\$426.00		\$42.60			\$850.96
30		\$2,520.00					\$2,520.00
31			\$145.73				\$145.73
32	\$4,811.89			\$493.10			\$5,304.99
33	\$2,396.22			\$239.62			\$2,635.84
34		\$5,600.00	\$560.00				\$6,160.00
35			\$2,926.92				\$2,926.92
36	\$146.95						\$146.95
37	\$177.68			\$16.09			\$193.77
38	\$131.71						\$131.71
39	\$41.07						\$41.07
40				\$1,307.40			\$1,307.40
41				\$35.65		\$408.86	\$444.51
42						\$212.20	\$212.20
Sub-totals:	\$17,338.84	\$13,612.40	\$3,632.65	\$3,687.00	\$0.00	\$621.06	\$38,891.95

Calendar Year: 1999 Individual Exhibit 4
Notices of Compensation Due Page 3 of 3

Audit No: VNO-03-99-NR-1

**Subject:** Superior Pacific Insurance Group

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
43				\$561.67		\$22.97	\$584.64
44	\$3,739.38			\$321.06			\$4,060.44
45	\$63.69			\$298.64			\$362.33
46			\$7,472.67	\$48.26			\$7,520.93
47				\$97.53			\$97.53
48			\$595.18	\$37.34			\$632.52
49		\$1,300.00		\$280.00			\$1,580.00
50						\$84.38	\$84.38
51				\$53.30			\$53.30
52				\$54.56			\$54.56
53		\$6,522.85				\$1,586.93	\$8,109.78
Sub-totals:	\$3,803.07	\$7,822.85	\$8,067.85	\$1,752.36	\$0.00	\$1,694.28	\$23,140.41

Totals:	\$30,608.18	\$41,984.32	\$26,677.19	\$8,520.60	•	\$0.00	\$2,315.34	\$110,105.63
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Frequency of Assessments in Randomly Selected Audited Files

Audit No: VNO-03-99-NR-1

**Subject:** Superior Pacific Insurance Group

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	89	25	28.09%
2	LATE FIRST PAY OF PD	33	9	27.27%
3	LATE FIRST PAY OF VRMA	10	1	10.00%
4	LATE SUBSEQ INDEM. PAY	66	21	31.82%
5	LATE PAY OF DEATH BENEFITS	3	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	132	51	38.64%
7	LATE BEN. NOTICES (INDEM.,DELAY)	130	38	29.23%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	58	6	10.34%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	36	1	2.78%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	11	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	1	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	24	7	29.17%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	20	6	30.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	6	1	16.67%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	76	16	21.05%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	52	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	95	25	26.32%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	4,808	2	0.04%
20	OTHER ASSESSMENTS	242	33	13.64%
21	UNSUPPORTED DENIALS	62	1	1.61%

No. of Files Audited:	329	<b>Audit No:</b>	VNO-03-99-NR-1	Type: INS
Indemnity	135			
<b>Medical Only</b>	66	Subject:	<b>Superior Pacific In</b>	surance Group
Denied	62			
Complaints	62	<b>Location:</b>	<b>Woodland Hills</b>	
Additional Files	4			

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	79	\$10,005	\$10,005	\$0		X
2	8	\$2,635	\$2,635	\$0		X
3	6	\$2,840	\$2,840	\$0		X
4	63	\$8,850	\$8,850	\$0		X
5	0	\$0	\$0	\$0		X
6	193	\$19,300	\$19,300	\$0		X
7	87	\$6,145	\$6,145	\$0		X
8	471	\$33,480	\$33,480	\$0		X
9	117	\$10,365	\$10,365	\$0		X
10	31	\$2,550	\$2,550	\$0		X
11	3	\$1,500	\$1,500	\$0		X
12	26	\$11,440	\$11,440	\$0		X
13	42	\$16,740	\$16,740	\$0		X
14	6	\$2,600	\$2,600	\$0		X
15	32	\$13,440	\$13,440	\$0		X
16	2	\$600	\$600	\$0		X
17	0	\$0	\$0	\$0		X
18 a	29	\$11,660	\$11,660	\$0		X
18 b	14	\$7,260	\$7,260	\$0		X
18 c	8	\$6,400	\$6,400	\$0		X
18 d	25	\$2,200	\$2,200	\$0		X
18 e	11	\$6,400	\$6,400	\$0		X
18 f	19	\$4,580	\$4,580	\$0		X
19	11	\$780	\$780	\$0		X
20 a	41	\$1,025	\$1,025	\$0		X
20 b	5	\$2,500	\$2,500	\$0		X
20 c	40	\$46,650	\$46,650	\$0		X
20 d	49	\$7,850	\$7,850	\$0		X
21	2	\$5,000	\$5,000	\$0		X
Totals:	1420	\$244,795	\$244,795	\$0		X

**Notices of Compensation Due** 

**Audit No: AHM-02-99-R-5** 

**Subject:** Tri Star Claims Management

Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Disability	Disability		imposed	Benefits	Interest	
			Increase		or Other	
\$349.48						\$349.48
\$192.00						\$192.00
\$91.13						\$91.13
			\$52.50			\$52.50
\$6,887.12						\$6,887.12
			\$580.42			\$580.42
\$7.519.73	\$0.00	\$0.00	\$632.92	\$0.00	\$0.00	\$8,152.65
	\$349.48 \$192.00 \$91.13	\$349.48 \$192.00 \$91.13 \$6,887.12	Disability Disability  \$349.48 \$192.00 \$91.13  \$6,887.12	Disability Disability imposed Increase  \$349.48 \$192.00 \$91.13 \$52.50 \$6,887.12 \$580.42	Disability   Disability   imposed Increase   Benefits     \$349.48	Disability   Disability   Imposed   Benefits   Interest or Other

## Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-02-99-R-5** 

**Subject:** Tri Star Claims Management

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	34	5	14.71%
2	LATE FIRST PAY OF PD	10	2	20.00%
3	LATE FIRST PAY OF VRMA	2	0	0.00%
4	LATE SUBSEQ INDEM. PAY	29	5	17.24%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	66	11	16.67%
7	LATE BEN. NOTICES (INDEM.,DELAY)	66	13	19.70%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	39	7	17.95%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	28	5	17.86%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	7	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	7	2	28.57%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	7	2	28.57%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	2	1	50.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	35	1	2.86%
16	FAIL TO ISSUE DENIAL NOTICE AS REQ.	43	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	54	9	16.67%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	3,281	3	0.09%
20	OTHER ASSESSMENTS	165	30	18.18%
21	UNSUPPORTED DENIALS	43	0	0.00%

No. of Files Audited:	165	<b>Audit No: AHM-02-99-R-5</b>	Type: TPA
Indemnity	57		
<b>Medical Only</b>	65	Subject: Tri Star Claims M	anagement
Denied	43		
Complaints	0	<b>Location: San Diego</b>	
<b>Additional Files</b>	0		

Item	# of	Total \$	Total \$	Balance	App	pealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	7	\$500	\$500	\$0		X
2	2	\$960	\$960	\$0		X
3	0	\$0	\$0	\$0		X
4	11	\$1,060	\$1,060	\$0		X
5	0	\$0	\$0	\$0		X
6	15	\$1,180	\$1,180	\$0		X
7	14	\$640	\$640	\$0		X
8	15	\$1,125	\$1,125	\$0		X
9	5	\$400	\$400	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	2	\$700	\$700	\$0		X
13	2	\$800	\$800	\$0		X
14	1	\$500	\$500	\$0		X
15	1	\$400	\$400	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	7	\$1,800	\$1,800	\$0		X
18 b	0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	3	\$250	\$250	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	4	\$320	\$320	\$0		X
20 a	42	\$1,600	\$1,600	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	3	\$150	\$150	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	134	\$12,385	\$12,385	\$0		X

**Notices of Compensation Due** 

**Audit No: AHM-06-99-R-5** 

**Subject:** Ward North America, Inc.

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$25.20			\$25.20
2				\$19.80			\$19.80
3				\$37.80			\$37.80
4			\$419.40	\$138.60			\$558.00
5				\$32.11			\$32.11
6		\$735.95		\$99.96			\$835.91
7		\$3,138.79		\$629.43			\$3,768.22
8	\$54.00						\$54.00
9		\$2,554.91	\$110.88	\$255.49			\$2,921.28
Totals:	\$54.00	\$6,429.65	\$530.28	\$1,238.39	\$0.00	\$0.00	\$8,252.32

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-06-99-R-5** 

**Subject:** Ward North America, Inc.

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	35	10	28.57%
2	LATE FIRST PAY OF PD	4	1	25.00%
3	LATE FIRST PAY OF VRMA	3	0	0.00%
4	LATE SUBSEQ INDEM. PAY	22	9	40.91%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	39	8	20.51%
7	LATE BEN. NOTICES (INDEM.,DELAY)	38	8	21.05%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	23	4	17.39%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	11	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	1	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	9	8	88.89%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	6	4	66.67%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	0	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	21	3	14.29%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	7	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	37	9	24.32%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	247	0	0.00%
20	OTHER ASSESSMENTS	95	8	8.42%
21	UNSUPPORTED DENIALS	8	0	0.00%

No. of Files Audited:	95	<b>Audit No: AHM-06-99-R-5</b>	Type:	<b>TPA</b>
Indemnity	38			
Medical Only	49	Subject: Ward North Ameri	ica, Inc.	
Denied	8			
Complaints	0	Location: San Diego		
Additional Files	0			

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	10	\$345	\$345	\$0		X
2	1	\$50	\$50	\$0		X
3	0	\$0	\$0	\$0		X
4	21	\$1,910	\$1,910	\$0		X
5	0	\$0	\$0	\$0		X
6	16	\$1,580	\$1,580	\$0		X
7	10	\$620	\$620	\$0		X
8	6	\$450	\$450	\$0		X
9	0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	8	\$3,820	\$3,820	\$0		X
13	4	\$720	\$720	\$0		X
14	0	\$0	\$0	\$0		X
15	3	\$700	\$700	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	1	\$100	\$100	\$0		X
18 b	3	\$2,280	\$2,280	\$0		X
18 c	3	\$960	\$960	\$0		X
18 d	15	\$1,270	\$1,270	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0		X
20 a	13	\$325	\$325	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	1	\$100	\$100	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	115	\$15,230	\$15,230	\$0		X

**Notices of Compensation Due** 

**Audit No: AHM-08-99-R-5** 

Subject: Wear & Wood, Inc.

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1				\$295.17			\$295.17
2	\$955.96			\$95.60			\$1,051.56
3				\$252.00			\$252.00
4	\$172.04			\$3.77			\$175.81
5	\$87.82			\$8.78			\$96.60
6				\$21.00			\$21.00
7	\$218.49			\$18.05			\$236.54
8				\$21.00			\$21.00
9				\$80.11			\$80.11
10	\$83.18			\$8.32			\$91.50
Totals:	\$1,517.49	\$0.00	\$0.00	\$803.80	\$0.00	\$0.00	\$2,321.29

## Frequency of Assessments in Randomly Selected Audited Files

**Audit No: AHM-08-99-R-5** 

Subject: Wear & Wood, Inc.

ITEM	VIOLATIONS RELATED TO:	# OF AUDITED	# OF AUDITED	% OF FILES
NO.		FILES WITH	FILES WITH	WITH
		EXPOSURE	ASSESSMENTS	ASSESSMENTS
		FOR		
		ASSESSMENTS		
1	LATE FIRST PAY OF TD	48	17	35.42%
2	LATE FIRST PAY OF PD	11	2	18.18%
3	LATE FIRST PAY OF VRMA	4	0	0.00%
4	LATE SUBSEQ INDEM. PAY	35	5	14.29%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	88	8	9.09%
7	LATE BEN. NOTICES (INDEM.,DELAY)	88	18	20.45%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	36	8	22.22%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	41	13	31.71%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	4	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	12	6	50.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	6	2	33.33%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	5	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	36	0	0.00%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	56	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	57	11	19.30%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	4,664	0	0.00%
20	OTHER ASSESSMENTS	176	13	7.39%
21	UNSUPPORTED DENIALS	54	0	0.00%

No. of Files Audited:	180	<b>Audit No: AHM-08-99-R-5</b>	Type: TP	A
Indemnity	57			
Medical Only	65	Subject: Wear & Wood, Inc.		
Denied	54			
Complaints	4	<b>Location: San Diego</b>		
Additional Files	0			

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	20	\$1,805	\$1,805	\$0		X
2	2	\$260	\$260	\$0		X
3	0	\$0	\$0	\$0		X
4	7	\$400	\$400	\$0		X
5	0	\$0	\$0	\$0		X
6	11	\$0*	\$0	\$0		X
7	30	\$1,745	\$1,745	\$0		X
8	94	\$6,700	\$6,700	\$0		X
9	16	\$1,440	\$1,440	\$0		X
10	3	\$180	\$180	\$0		X
11	0	\$0	\$0	\$0		X
12	6	\$2,700	\$2,700	\$0		X
13	2	\$360	\$360	\$0		X
14	0	\$0	\$0	\$0		X
15	0	\$0	\$0	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	5	\$900	\$900	\$0		X
18 b	0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	8	\$500	\$500	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	3	\$300	\$300	\$0		X
19	0	\$0	\$0	\$0		X
20 a	14	\$350	\$350	\$0		X
20 b	0	\$0	\$0	\$0		X
20 c	5	\$4,500	\$4,500	\$0		X
20 d	2	\$125	\$125	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	228	\$22,265	\$22,265	\$0		X

<sup>\*</sup> Penalty was reduced to \$0 based on low frequency (10% or less of randomly selected files with exposure for violations had assessments).

**Notices of Compensation Due** 

**Audit No: SFO-01-99-R-2** 

**Subject:** Weyerhaeuser Company

Location: Portland, Oregon Type: SI

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$764.32			\$76.43			\$840.75
2	\$167.70			\$5.58			\$173.28
3	φτονινο	\$11,781.71		\$1,180.17			\$12,961.88
4	\$232.00	Ψ11,701.71		\$100.20			\$332.20
5	,			\$356.57			\$356.57
6		\$308.00		\$30.80		\$91.05	\$429.85
7				\$80.00			\$80.00
8	\$1,850.00			\$18.80			\$1,868.80
9	\$54.22			\$436.80			\$491.02
10				\$42.00			\$42.00
11				\$60.00			\$60.00
12				\$98.00			\$98.00
13				\$35.00			\$35.00
14	\$147.42						\$147.42
Totals:	\$3,215.66	\$12,089.71	\$0.00	\$2,520.35	\$0.00	\$91.05	\$17,916.77

Frequency of Assessments in Randomly Selected Audited Files

**Audit No: SFO-01-99-R-2** 

**Subject:** Weyerhaeuser Company

Location: Portland, Oregon Type: SI

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR ASSESSMENTS	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
1	LATE FIRST PAY OF TD	20	5	25.00%
2	LATE FIRST PAY OF PD	19	6	31.58%
3	LATE FIRST PAY OF VRMA	3	0	0.00%
4	LATE SUBSEQ INDEM. PAY	26	14	53.85%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	41	24	58.54%
7	LATE BEN. NOTICES (INDEM.,DELAY)	37	14	37.84%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	28	8	28.57%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	19	2	10.53%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	3	1	33.33%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	8	8	100.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	5	4	80.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	1	1	100.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	27	11	40.74%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	21	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	35	13	37.14%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	351	3	0.85%
20	OTHER ASSESSMENTS	120	13	10.83%
21	UNSUPPORTED DENIALS	21	0	0.00%

No. of Files Audited:	123	Audit No: SFO-01-99-R-2 Type: SI
Indemnity	46	
<b>Medical Only</b>	53	Subject: Weyerhaeuser Company
Denied	21	
Complaints	0	Location: Portland, Oregon
Additional Files	3	

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount	Due	Yes	No
	Cited	Assessed	Collected			
1	5	\$150	\$150	\$0		X
2	7	\$1,940	\$1,940	\$0		X
3	0	\$0	\$0	\$0		X
4	34	\$3,315	\$3,315	\$0		X
5	0	\$0	\$0	\$0		X
6	34	\$3,400	\$3,400	\$0		X
7	17	\$1,170	\$1,170	\$0		X
8	19	\$950	\$950	\$0		X
9	2	\$100	\$100	\$0		X
10	1	\$90	\$90	\$0		X
11	0	\$0	\$0	\$0		X
12	8	\$3,760	\$3,760	\$0		X
13	4	\$1,320	\$1,320	\$0		X
14	1	\$240	\$240	\$0		X
15	11	\$4,880	\$4,880	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	7	\$1,860	\$1,860	\$0		X
18 b	3	\$1,480	\$1,480	\$0		X
18 c	1	\$100	\$100	\$0		X
18 d	10	\$870	\$870	\$0		X
18 e	0	\$0	\$0	\$0		X
18 f	0	\$0	\$0	\$0		X
19	3	\$240	\$240	\$0		X
20 a	8	\$275	\$275	\$0		X
20 b	2	\$50	\$50	\$0		X
20 c	1	\$200	\$200	\$0		X
20 d	3	\$225	\$225	\$0		X
21	0	\$0	\$0	\$0		X
Totals:	181	\$26,615	\$26,615	\$0		X

**Notices of Compensation Due** 

**Audit No: VNO-08-99-R-5** 

**Subject:** Workers' Compensation Administrators

Location: Santa Maria Type: TPA

Item	Temporary	Permanent	VRMA	Self-	Death	Penalty	Total
Number	Disability	Disability		imposed	Benefits	Interest	
				Increase		or Other	
1	\$210.00			\$42.00			\$252.00
2	\$42.57			\$4.26			\$46.83
Totals:	\$252.57	\$0.00	\$0.00	\$46.26	\$0.00	\$0.00	\$298.83

## Frequency of Assessments in Randomly Selected Audited Files

**Audit No: VNO-08-99-R-5** 

**Subject:** Workers' Compensation Administrators

Location: Santa Maria Type: TPA

ITEM NO.	VIOLATIONS RELATED TO:	# OF AUDITED FILES WITH EXPOSURE FOR	# OF AUDITED FILES WITH ASSESSMENTS	% OF FILES WITH ASSESSMENTS
		ASSESSMENTS		
1	LATE FIRST PAY OF TD	8	2	25.00%
2	LATE FIRST PAY OF PD	12	0	0.00%
3	LATE FIRST PAY OF VRMA	1	0	0.00%
4	LATE SUBSEQ INDEM. PAY	11	2	18.18%
5	LATE PAY OF DEATH BENEFITS	0	0	0.00%
6	FAIL TO ISSUE BEN. NOTICES (INDEM.,DELAY)	74	4	5.41%
7	LATE BEN. NOTICES (INDEM.,DELAY)	74	7	9.46%
8	FAIL TO PAY OR OBJECT TO MED. EXPENSES W/IN 60 DAYS	29	1	3.45%
9	FAIL TO PAY OR OBJECT TO M/L EXPENSES W/IN 60 DAYS	14	0	0.00%
10	FAIL TO PAY OR OBJECT TO VR EXPENSES W/IN 60 DAYS	6	0	0.00%
11	FAIL TO ASSIGN QRR AFTER 90 DAYS OF TD	0	0	0.00%
12	FAIL TO ISSUE NOTICE OF VR RIGHTS AFTER 90 DAYS OF TD	5	0	0.00%
13	FAIL TO NOTIFY EMPLOYEE OF MED ELIG. FOR VR AS REQ.	1	0	0.00%
14	FAIL TO NOTIFY EMPLOYEE OF NON-ELIG. FOR VR AS REQ.	4	0	0.00%
15	FAIL TO NOTIFY EMPLOYEE OF PROCEDURE TO EVAL. PD	37	2	5.41%
16	FAIL TO ISSUE DENIALS NOTICE AS REQ.	47	0	0.00%
17	FAIL TO RESPOND TIMELY TO MED. TRTMNT REQUEST	N.A.	0	N.A.
18	UNPAID INDEMNITY	45	2	4.44%
19	CLAIM LOG VIOL. (# OF ENTRIES AND VIOL.)	1,883	0	0.00%
20	OTHER ASSESSMENTS	164	7	4.27%
21	UNSUPPORTED DENIALS	46	0	0.00%

No. of Files Audited:	165	Audit No: VNO-08-99-R-5 Type: TPA
Indemnity	55	
Medical Only	63	Subject: Workers' Compensation
Denied	46	Administrators
Complaints	1	
Additional Files	0	Location: Santa Maria

Item	# of	Total \$	Total \$	Balance	App	ealed
Number	Times	Penalties	Amount Due Yes		No	
	Cited	Assessed	Collected			
1	2	\$125	\$125	\$0		Х
2	0	\$0	\$0	\$0		X
3	0	\$0	\$0	\$0		X
4	3	\$600	\$600	\$0		X
5	0	\$0	\$0	\$0		X
6	5	0*	\$0	\$0		X
7	8	0*	\$0	\$0		X
8	2	\$60	\$60	\$0		X
9	0	\$0	\$0	\$0		X
10	0	\$0	\$0	\$0		X
11	0	\$0	\$0	\$0		X
12	0	\$0	\$0	\$0		X
13	0	\$0	\$0	\$0		X
14	0	\$0	\$0	\$0		X
15	2	\$340	\$340	\$0		X
16	0	\$0	\$0	\$0		X
17	0	\$0	\$0	\$0		X
18 a	2	\$160	\$160	\$0		X
18 b	0	\$0	\$0	\$0		X
18 c	0	\$0	\$0	\$0		X
18 d	1	\$40	\$40	\$0		X
18 e	0	\$0	\$0	\$0		Х
18 f	0	\$0	\$0	\$0		X
19	0	\$0	\$0	\$0		X
20 a	9	\$180	\$180	\$0		X
20 b	1	\$400	\$400	\$0		X
20 c	0	\$0	\$0	\$0		X
20 d	0	\$0	\$0	\$0		Х
21	0	\$0	\$0	\$0		X
Totals:	35	\$1,905	\$1,905	\$0		X

<sup>\*</sup> Penalties were reduced to \$0 each based on low frequency (10% or less of randomly selected files with exposure for violations had assessments).